

APPLICATION FOR COURT APPOINTED SPECIAL ADVOCATE VOLUNTEER
Children's Advocacy Programs of the Blue Ridge, Inc.
SOUTHERN VA CHILD ADVOCACY CENTER

Children's Advocacy Programs of the Blue Ridge, Inc. is an equal opportunity/affirmative action provider and employer and does not discriminate against otherwise qualified applicants due to race, religion, age, gender, gender identity, gender expression, ethnicity, geography, culture, marital status, family/parental status, veteran status, sexual orientation, income derived from a public assistance program, disability or physical challenges, political beliefs, prior civil rights activity, or any other reason protected by law for employment of volunteer opportunities within the agency.

PERSONAL:

Name _____ Date _____
Last First Middle/Maiden

Address _____
Number & Street City State Zip Code

Date of Birth: _____ Phone Number _____ Cell Phone _____

E-mail address: _____

Medical/Clinical conditions which may impact your ability to perform CASA duties: _____

If you have lived at your present residence for less than 7 years; list all other residences, you have lived at during those years. Identify how long at each residence.

Address _____
Number & Street City State Zip Code

Address _____
Number & Street City State Zip Code

EDUCATION: Verification of graduation is required. Copies of Certification/Licensure required.

High School: No. of Years Completed (*circle one*) 1 2 3 4 **Diploma:** __ Yes __ No **G.E.D.:** __ Yes __ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____ State of Virginia License Number _____

License Expiration Date _____ Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, sexual orientation, veteran status or any other protected status.)

APPLICATION FOR CASA VOLUNTEER:

Page 2

OFFICE SKILLS:

DESCRIBE ANY EXPERIENCE/TRAINING WORKING WITH CHILDREN:

CRIMINAL HISTORY: Any applicant who has lived within another state within the last 7 years; the applicant must provide this agency with a copy of their criminal history and child protective service checks from that state(s) during those time periods. Any individual, for employment or volunteer opportunities, will have additional background checks conducted before any offer of employment or acceptance into a volunteer position is rendered. These will include at a minimum, a national criminal history, sexual offender checks, local background check, social security, as well as, child protective services checks.

Have you ever had a founded or substantiated abuse or neglect finding? Yes No

If yes, explain: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE: Include U.S. Military Service and previous internships/volunteer opportunities.

Employer/Placement _____ **Address** _____

Telephone _____ Position _____ Dates : From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____ FT PT No. of Hrs. _____

Reason for Leaving _____

Employer/Placement _____ **Address** _____

Telephone _____ Position _____ Dates : From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____ FT PT No. of Hrs. _____

Reason for Leaving _____

REFERENCES: References must know applicant for at least three years.

Professional

Name _____

Address _____

Phone (_____) _____

Name _____

Address _____

Personal/Non-Family

Name _____

Address _____

Phone (_____) _____

Name _____

Address _____

Phone () _____

Phone () _____

APPLICATION FOR CASA VOLUNTEER

Page 3

Briefly describe why you would like to be a CASA volunteer.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize Childrens Advocacy Programs of the Blue Ridge, Inc. to verify their accuracy and to obtain reference information on my work performance/volunteer experience. I hereby release Childrens Advocacy Programs of the Blue Ridge, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Not signing the release related to criminal history checks and child protective services checks are also grounds for disqualification. I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Applications will be rejected for any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the agency's credibility.

I understand that should an internship or special project volunteer opportunity be extended to me and accepted that I will fully adhere to the policies, rules and regulations of this organization as well as the policies of any specific program I may be placed to volunteer with. I understand that any opportunity offered is for an indefinite duration and at will and that either the agency or I may terminate my placement at any time with or without notice or cause.

I understand that my involvement in any legal court proceeding, public or private as plaintiff, defendant, witness, or jury member or any other manner of participation is to be divulged to the Executive Officer or the Director of Volunteer Services as soon as I have knowledge of the fact.

Signature of Applicant _____

Date: _____

Complaints of Discrimination – If you wish to file a civil rights program complaint of discrimination complete the USDA Program Discrimination Complaint Form found on-line at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov