

**FRONT RANGE CASA/GAL
COURT APPOINTED SPECIAL ADVOCATE PROGRAM**

**VOLUNTEER APPLICATION
(Please Print)**

Name: _____

Address: _____

Telephone #: (h)_____ (w)_____ (c)_____ E-Mail: _____

Are you employed? Yes No If yes, Full-time Part-time

May you be called at work? Yes No Place of Employment_____

How long have you lived in Teton, Pondera, Glacier or Toole County? _____

Marital Status: _____ If presently married, give:

Spouse's Name: _____ Occupation: _____ Phone #: _____

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Members of Your Household:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Do you drive? Yes No Do you have an automobile available to you? Yes No

Can you provide documentation of current automobile insurance coverage? Yes No

What is the current status of your health? _____

YOUR EDUCATION (circle highest completed)

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major: _____ Degree: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____

WORK/VOLUNTEER HISTORY (Use another sheet if necessary)

Name and Address of present or last employer or volunteer project: _____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

Name and Address of next previous employer or volunteer project: _____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

Name and Address of next previous employer or volunteer project: _____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

List your other current community activities and membership in clubs, faith community, professional groups and other organizations: _____

Languages Spoken: _____

Hobbies/Special Interests: _____

Approximately how much time can you contribute weekly as a CASA volunteer?

Do you have any training or experience in any of the following?

- | | |
|--------------------------------|---------------------------------|
| Medicine | Education |
| Mental Health | Criminology |
| Counseling | Law Enforcement |
| Psychology | Advertising or Public Relations |
| Drug or Alcohol Abuse Programs | News Media |
| Child Development | Writing |
| Child Care | Public Speaking |
| Child Welfare | Art or Graphics |
| Social Work | |

If you answered yes, please describe: _____

Have you ever been arrested for a crime? Yes No

If yes, what charge?

Date of Arrest/Disp: _____ Where? _____

Can you think of any reason why a judge might be reluctant to appoint you to a case?
Yes No If yes, which judge? _____

If yes, why? _____

Are you prepared to complete 30 hours of pre-service training and a minimum of 12 hours per year of in-service training? Yes No

Does your schedule permit you to attend meetings, court hearings or foster care reviews during the work day? Yes No

What do you believe are the strengths and weaknesses you bring to this program?

How did you learn about the CASA program? _____

Please write a brief statement explaining why you want to work with the CASA Program.

PERSONAL REFERENCES

(Do not list relatives, and include at least one reference other than friends. If you are employed, one reference should be from your employer.)

(Please Print)

Name: _____

Address: _____ City/State/Zip _____

Telephone #: _____ Relationship: _____

Name: _____

Address: _____ City/State/Zip _____

Telephone #: _____ Relationship: _____

Name: _____

Address: _____ City/State/Zip _____

Telephone #: _____ Relationship: _____

AFFIRMATION AND RELEASE

I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer court appointed special advocate. All information will be held in confidence. I understand that if I refuse to sign the release of information form or refuse to submit the required information, I will be rejected from the CASA/GAL program. I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively to seek to assign me to a voluntary service. I further acknowledge and agree that if found to be 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 of the CASA/GAL program's credibility, I will not be accepted into the program.

I hereby declare that the above information is true and correct to the best of my knowledge. I will assume all risks of injury occurring to me while on the premises of any client or injury occasioned to me while rendering my voluntary services to the client. I further agree that if my services involve transportation of any person that I will carry adequate liability insurance upon my vehicle and assume all risks and liability for injury occasioned to any recipient.

Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Kiersta Sullivan, Executive Director

Front Range CASA/GAL Program

PO Box 954

Conrad, MT 59425

(406) 576-7041