



YAKIMA COUNTY JUVENILE COURT CASA/GAL PROGRAM VOLUNTEER APPLICATION

Thank you for your interest in becoming a CASA Volunteer!

Please complete this electronic form and e-mail it to frank.murray@co.yakima.wa.us
or print and mail to: Frank Murray, CASA Program Director, 1728 Jerome Avenue, Yakima, WA 98902.

CONTACT INFORMATION

Name: _____ Date of Birth: _____ Date of Application: _____

Maiden Name/Alias: _____ Social Security #: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

TRANSPORTATION

Do you have access to a motor vehicle in operable condition? Yes No Is it insured? Yes No

Name of insurance company: _____ Phone: _____

EDUCATION

Highest grade completed in school and/or degree earned: _____

Major area of study and/or special training: _____

Are you currently attending school? Yes No Name and Location: _____

Will you receive academic credits for your volunteer work? Yes No

VOLUNTEER EXPERIENCE

Please list any current or past organizations for which you have volunteered; include dates of service and a brief description of your duties: _____

How did you hear of this CASA volunteer opportunity? _____

Are you fluent in any languages other than English? _____

EMPLOYMENT EXPERIENCE

Current/Most Recent Employment

Organization: _____ Start/End Dates: _____

Address: _____

Title of your position and a brief description of duties: _____

Name of Supervisor: _____

Work Phone: _____ Can we call you at work? Yes No Work Hours: _____

Previous Employment (past 10 years)

Include the organization's name, location, your title, and the dates you were employed:

Have you had any personal or professional experience involving: Child Welfare or Foster Care Dependency Court System

Other agencies offering child services – If so, please explain: _____

COMMITMENT

CASA Volunteers are required to attend court hearings for the children they represent. These hearings are held on weekdays between 9:00 a.m. and 4:30 p.m. Advance notice is provided, however, emergent situations can shorten notice.

Will you be able to arrange your schedule to attend these hearings? Yes No – Why? _____

Are you willing to commit volunteer service to a child for the duration of his/her case, usually a minimum of 18 months? Yes No

If less than 18 months, why? _____

BACKGROUND CHECK

Have you ever been arrested or convicted of a crime other than a traffic offense? No Yes

If yes, please explain and include any charge(s) filed: _____

List any convictions, including the date and court location: _____

Do you consent to a check of your criminal records, child abuse registry, and DCFS records, including fingerprinting? Yes No

Can you think of any reason why a judge/commissioner might be reluctant to have you serve as a CASA/GAL? No Yes

If yes, please explain: _____

REFERENCES

Please list four references other than relatives who know you well, preferably people for whom you have worked with in either a volunteer or paid capacity. Include at least two people who have known you for at least two years. Ensure that all addresses are complete.

Name	Address	Phone	Relationship
1. _____	_____ _____	_____	_____
2. _____	_____ _____	_____	_____
3. _____	_____ _____	_____	_____
4. _____	_____ _____	_____	_____

4. What do you believe are your greatest strengths and weaknesses concerning working with children as a CASA volunteer?

PERSONAL ASSESSMENT

Please give an honest appraisal of your skill set as follows:

1 = I need to work on this **2** = I am confident in my ability **3** = I am quite skilled at this; I have personal, work or volunteer experience

1 1.5 2 2.5 3 Your ability to handle verbal confrontation

1 1.5 2 2.5 3 Your ability to express your thoughts verbally

1 1.5 2 2.5 3 Your ability to express your thoughts in writing

1 1.5 2 2.5 3 Your ability to understand both what is actually stated as well as that which is implied during conversation (listening skills)

1 1.5 2 2.5 3 Your ability to work with a supervisor and follow program rules

By signing below, I acknowledge that all information on this application is true and complete to the best of my knowledge, and I understand that erroneous information on this application may result in the removal of my name from consideration or continued service as a volunteer for Yakima County CASA.

Note: If you are filling this form out electronically and will be e-mailing it, you may leave the signature line blank, and you will be required to review and sign a hard copy at a later date.

Signature: _____

Date: _____