Please sign and return completed application to:

Colonial CASA

1311 Jamestown Road, Suite 201

Williamsburg, VA 23185

(757) 229-3306

CONTACT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name | |  | | | | | | First name | | | | |  | | | | | | Middle | | | | | |  | | |
|  | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |
| Home Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | |  | | |  | |  | |
| City |  | | | | | | | | | | | | | | | State | | |  | | | Zip | |  | | | |
|  |  | | | | | | | | | | | | | | |  | | |  | | |  | |  | |
| Home Phone Number | | | | | | |  | | Work | | |  | | | | | | | Cell |  | | | | | | | |
|  | | | | | | |  | |  | | | |  | | | | | |  |  | | | | | |
| Home Email | | |  | | | | | | | | | | | Work Email | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | | |  | | | | | | | | | |
| Driver’s License # | | | | | |  | | | | State | | | |  | Expiration Date | | | | | |  | | | | | | |
|  | | | | | |  | | | |  | | | |  |  | | | | | |  | | | | |
| Emergency Phone | | | | | |  | | | | | Emergency Contact | | | | | | |  | | | | | | | | | |
|  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |

FAMILY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Place of birth |  | | |
|  |  | | |
| Previous address (if been at above address less than 5 years | | |  |
|  | | |  |
| Mother’s full name | |  | |
|  | |  | |
| Father’s full name | |  | |
|  | |  | |
| Siblings (if any) | |  | |
|  | |  | |

CURRENT EMPLOYMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Employment |  | Phone Number |  |

Employment status  Full time  Part time  Student  Not employed  Retired

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address | |  | | | Suite |  |
| City |  | | State |  | Zip |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone number |  | Fax number |  |

PREVIOUS WORK EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** |  | **Dates of Employment** |  | **Reason for Leaving** |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name/Location** |  | **Dates Attended** |  | **Degree/Diploma** |

|  |  |
| --- | --- |
| High School |  |

|  |  |
| --- | --- |
| College |  |

|  |  |
| --- | --- |
| Graduate School |  |

|  |  |
| --- | --- |
| Additional training or education (please describe) |  |

|  |
| --- |
|  |
|  |
|  |

PROFESSIONAL LICENSES

List any licenses, certificates or other authorizations to practice a trade or profession:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **License #** | **Expiration Date** |  | **Granted By** |

|  |
| --- |
|  |
|  |
|  |

ACTIVITIES/SKILLS

List any community service organizations, social/fraternal organizations, churches or clubs to which you have belonged. (Check last column if you are presently a member/volunteer).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization** |  | **Purpose/Activities of Organization** |  | **Present Member?** |

List any special skills that you have acquired through education, employment, volunteering or life experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have any experience working with children? | |  | Yes |  | No |  |
| If yes, please give organization name and details |  | | | | | | |

HOBBIES/SPECIAL INTERESTS

List any hobbies or special interests:

PERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been affiliated with another CASA program? |  | Yes |  | No | If yes, which one and |
| in what capacity? |  |  |  |  |  |

**Have you or your family had personal/professional experience with: (If yes, please give a brief explanation)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child Abuse |  | Yes |  | No |  |
| Foster Care |  | Yes |  | No |  |
| Juvenile Court System |  | Yes |  | No |  |
| Child Protective Services |  | Yes |  | No |  |
| Other child service agencies |  | Yes |  | No |  |
| Counseling or therapy |  | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever applied with another organization that works with children? | Yes |  | No |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Were you accepted? | Yes |  | No |  | Please give name(s) of organization and year: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever applied to this or any other CASA Program? | Yes |  | No |  | If yes, please explain: |

Please answer the following questions and give details and explanations if the answer is yes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been hospitalized for an emotional issue? |  | Yes |  | No |
| Do you now, or have you had a drug/alcohol abuse or dependency problem? |  | Yes |  | No |
| Do you have any kind of health impairment? |  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, please give details |  |

CRIMINAL HISTORY

Colonial CASA will ask all applicants to complete an FBI criminal records and Child Protective Services check, which will reveal any arrest, charge or conviction *in this state or any other state*. Please respond to the following questions so that the history can be discussed and evaluated.

If you answer yes to any of the following questions, please offer an explanation in the space provided below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you or your family ever been involved in a legal action in Virginia? | |  | Yes |  | No | |
| Have you ever been arrested/charged and/or convicted of a misdemeanor? | |  | Yes |  | No | |
| Have you ever been arrested/charged and/or convicted of a felony? | |  | Yes |  | No | |
| Have you ever had any DWI arrests, charges or convictions? | |  | Yes |  | No | |
| Have you ever had a driver’s license revoked or suspended? | |  | Yes |  | No | |
| Have you ever been arrested/charged and/or convicted of any sexual misconduct,  to include pornography? | |  | Yes |  | No | |
|  |  |  |  | |
|  | |  |  |  |  | |
| Have you ever been or are you currently on probation? | |  | Yes |  | No | |
| Have you ever been or are you currently on parole? | |  | Yes |  | No | |
| Have you ever been convicted of a traffic violation? | |  | Yes |  | No | |
| If yes, please give details |  | | | | |

REFERENCES

Please provide COMPLETE contact information for three non-family references, who have known you for at least one year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name: |  | Phone Number: |  |

|  |  |  |
| --- | --- | --- |
|  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Email: |  | Relationship to you: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | Name: |  | Phone Number: |  |

|  |  |  |
| --- | --- | --- |
|  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Email: |  | Relationship to you: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | Name: |  | Phone Number: |  |

|  |  |  |
| --- | --- | --- |
|  | Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Email: |  | Relationship to you: |  |

WRITTEN RESPONSES

Please answer the following questions in paragraph form and submit on a separate sheet of paper via email. Should you have any questions, please contact the CASA office, 757-229-3306.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain what led to your decision to apply for a position in the CASA program and what attracted you to this particular program.
3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
4. Briefly explain what roles you believe society should play in:
   1. Protecting the rights of children.
   2. Helping a family overcome hardships and remain living together as a unit.
5. Please write a one page autobiography.

EQUAL OPPORTUNITY STATEMENT

**Colonial CASA will not discriminate against any applicant on the basis of race, religion, color, gender, national origin, disability, age, marital status, sexual orientation or any other basis made illegal by the law of the United States or the Commonwealth of Virginia.**

The following information is for statistical purposes only. Please mark the choice or choices that best describe you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  |  | Last Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age of Volunteer** | **Gender** | **Martial Status** | **Education** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 21-30 |  |  | Male |  |  | Divorced | |  |  | | High School |  | |
|  | 31-40 |  |  | Female |  |  | Married/Committed | |  |  | | AA/AS |  | |
|  | 41-50 |  |  |  |  |  | Separated | |  |  | | BA/BS |  | |
|  | 51-60 |  |  |  |  |  | Single | |  |  | | MA/MS |  | |
|  | 61-70 |  |  |  |  |  | Widowed | |  |  | | PhD/EdD |  | |
|  | 71 + |  |  |  |  |  |  | |  |  | | Other: |  | |
|  |  |  |  |  |  |  |  | |  |  | |  |  | |
| **Ethnic Origin** | | | | | | | | **Language** | | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | American Indian/Alaska Native | | |  | Chinese |  | |  |
|  | | Asian/Asian-American | | |  | English |  | |  |
|  | | Black/African-American | | |  | Spanish |  | |  |
|  | | Hispanic/Latino | | |  | Other: |  | |  |
|  | | Native Hawaiian/Other Pacific Islander | | |  |  |  |  |  |
|  | | White | | |  |  |  |  |  |
|  | Other: | |  |

|  |  |  |
| --- | --- | --- |
| **Employment Status** | **How did you hear about CASA** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full-time |  | Daily Press |  | |  |
|  | Part-time |  | Flyer |  | |  |
|  | Not employed |  | Friend |  | |  |
|  | Retired |  | Local Cable Channel |  | |  |
|  | Student |  | Local Radio |  |  |  |
|  |  |  | National Media |  |  |  |
|  |  |  | Virginia Gazette |  |  |  |
|  |  |  | Volunteer Referral Agency |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Other: |  |  |  |

**Colonial CASA Training Agreement**

Prospective volunteers are asked to read and sign the following training description and agreement.

**Description:**

The Pre-Service Training consists of 42 hours, 36 hours of classroom time and 6 hours of courtroom observation. In addition, there will be homework assignments.

**Agreement:**

1. I understand that participation in the Pre-Service Training is required and essential and includes 36 hours of scheduled classroom time.
2. I understand that, in addition to the classroom sessions, I will be required to complete 6 hours of courtroom observation at the Williamsburg/James City County of York/Poquoson Juvenile and Domestic Relations District Court, as well as writing and reading assignments outside of the classroom.
3. I understand that attendance at training sessions is mandatory.
4. I am aware that the Pre-Service Training Class is a part of the screening process and that acceptance to participate in training does not guarantee that I will be sworn in as a CASA or that I will be assigned to a case. I further understand that either Colonial CASA or I can choose to discontinue my involvement in the training/screening process at any time without further obligation on the part of either party.
5. Upon completion of training, my participation in the training process, as well as other screening material (references, FBI criminal record check, and Child Abuse/Neglect Central Registry check) will be reviewed for the purpose of determining my eligibility to be sworn in by the Judge and assigned a case as a CASA.

I understand and am willing to meet all the conditions stated above and wish to participate in the Colonial CASA Pre-Service Training.

|  |  |  |
| --- | --- | --- |
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Signature of Applicant Date