



CASA of Lea County, Inc.
Court Appointed Special Advocate
Fifth Judicial District Court · Lea County, NM
215 W Broadway, Suite 9 · Hobbs, NM 88240
(575) 393-0015 · Fax (575) 433-0015

Volunteer Application Form

This volunteer application form is designed to serve the same purpose as that of an employment application. This CASA program reserves the right to make any reference checks or inquiries deemed appropriate and necessary on the suitability of any new volunteer (just as reference checks are made on new employees). We trust you will understand this in the spirit intended. **Any checks or inquiries will be kept in strict confidence.** Please be aware that our standards for volunteers are high and not all people who apply will necessarily be accepted. Working with abused and/or neglected children as a CASA volunteer is extremely rewarding. We are looking forward to talking to you about becoming part of our dedicated corps of volunteers.

Please print or type

Today's date _____

PERSONAL INFORMATION

Name:

First *Middle* *Last* *Maiden*

Have you been known by any other names? _____

Address: _____

Mailing Address (if different): _____

Telephone #: (h) _____ (w) _____ (cell) _____

May you be called at work? _____ Times easily reached _____

Social Security Number: _____

E-mail: _____

In case of emergency, who can we notify? _____

Phone _____

The National CASA Association requests the following demographic information. In no way will it be used in determining your acceptance into the CASA program. National CASA standards do require that CASA volunteers to be at least 21 years of age.

Ethnicity: _____ Date of birth: _____

Place of birth: _____ In what cities have you resided in the last 5 years?

Records checks will be conducted in your current location and previous locations if you have lived outside the local area in the past 5 years.

Marital status: _____ If married, give spouse's name and occupation.

Name: _____ Occupation: _____

Children's Names

Date of Birth

Sex

Other Members of Household

Relationship

Do you drive? _____ New Mexico Driver's License #: _____

(Attach a copy of your driver's license and proof of auto insurance.)

Do you have an automobile available to you? _____

Do you have current automobile insurance? _____

What is the current status of your health? _____



EDUCATION *(Circle highest completed)*

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Degree(s): _____

Are you presently enrolled in school? _____ Name of school and course of study:

WORK/VOLUNTEER HISTORY

Are you currently employed? _____ Employed by: _____

Business address: _____

Full time or part time _____ Position: _____

Name and location of last employer or volunteer project: _____

Name and location of previous employer or volunteer project: _____

Do you have experience working with children? Yes _____ No _____ (if yes, please explain. Type of activity/ages of children/professional or volunteer)

List other current community activities and memberships in church, clubs, organizations, etc. _____

Languages spoken: _____

Hobbies/Special Interests: _____

Do you have training or experience in any of the following? (Mark all that apply.)

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

Have you ever been arrested? (Other than traffic violations) No Yes (explain)

How were you made aware of this program? _____

Briefly explain what led to your decision to apply for a position in the CASA program?
(What attracted you to this particular program?)

Are you aware you will be required to complete basic training? _____

Will you be willing and/or able to participate in ongoing training and court appearances?

(If no, please state why) _____

Do you have any personal /employment constraints that may restrict your time? _____

(If yes, please state why.) _____

REFERENCES

Please list three personal references not related. If you are employed, one reference should be from your employer. (Other examples: minister, teacher, therapist, etc.)
References will be verified.

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____





PART TWO

Write a brief essay or paragraph on one of the following questions. You may use this page to write your essay or another sheet of paper. Attach your essay to the application and return them to the CASA office at 215 W Broadway, Suite 9.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
3. Briefly explain what role you believe society should play in:
 - a) Protecting the rights of children.
 - b) Helping a family overcome hardships and remain living together as one unit.
4. Write a brief autobiography.

EQUAL OPPORTUNITY STATEMENT

It is the policy of CASA of Lea County to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.

CASA of Lea County Pre-Service Screening Policy

I am interested in becoming a CASA volunteer and know of no reason why I should not be assigned a child in the program. I am aware the children in the CASA program have been abused, neglected or abandoned by adults, and since I do not want to be another disappointment to a child, I agree to a minimum commitment of one year (5-15 hours per month) to the child(ren) to whom I am assigned.

As an applicant to volunteer for CASA of Lea County, I understand and acknowledge that:

1. I understand that I must interview with CASA of Lea County staff prior to being considered for acceptance into this program.
2. As part of CASA's policy, additional personal information will be gathered during the pre-interview process: application, 3 letters of reference, copies of current driver's license, and valid auto insurance. In addition,
3. A Child Abuse/Neglect Central Registry check and a criminal background check will be run on each applicant. The following will exclude an applicant from becoming a CASA of Lea County volunteer: Criminal history (including guilty pleas, pleas of no contest, acceptance of deferred adjudication, and charges, whether pending or not, and regardless of whether an offense is classified as a felony or misdemeanor) involving violence, child abuse or neglect, or sex- or drug-related offenses of an individual or of someone with whom the individual resides or regularly comes into contact, as well as any criminal history involving offenses classified as felonies, will preclude an individual from serving as a volunteer and may preclude an individual from serving as an employee. Driving while intoxicated convictions (including guilty pleas and pleas of no contest) or charges may disqualify individuals from positions involving driving.
4. I understand that participation in the pre-service volunteer training is required and essential, and including at least 30 hours of training.
5. I am aware that the Pre-Service Training Class is 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 CASA or I can choose to discontinue my involvement in the Training/Screening process at any time without further obligation on part of either party. Should either CASA of Lea County or I discontinue my involvement with CASA of Lea County during the training session, I am required to return the volunteer training manual.
6. Attendance to the pre-service training: I understand that I will be required to make-up any missed training session before I can qualify to be sworn in or volunteer with CASA of Lea County. In addition should it become necessary for me to miss a session, will make every effort to notify the training facilitator prior to the missed session.

As an applicant to CASA of Lea County, I FURTHER understand and acknowledge that:

7. I am not obligated, if called upon, to accept a case herein applied for and that;
8. CASA is not obligated, if called upon, to actively seek to assign me a case, and that;

9. I understand that I will need to carry liability insurance on my car. I agree to maintain this minimum liability insurance throughout my participation with CASA. I understand that I must have proof of liability insurance in the CASA volunteer file, and that;
10. As part of CASA's policy, additional personal information will be gathered during the pre-interview process, and that:
11. CASA of Lea County retains the right to refuse any individual they feel would not be in the best interest of the program and further, CASA is not required to state reason(s) for non-acceptance into the program, and that;
12. CASA of Lea County will hold all information in the volunteer's file in the strictest of confidence. Such information becomes the property of CASA of Lea County and that;
13. I give permission to CASA of Lea County to release information about my application, acceptance, and/or participation in this program to any other CASA program to which I may apply in the future.

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that completing and returning this application does not automatically guarantee that I will be accepted for the CASA of Lea County Program. I hereby authorize CASA of Lea County to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Falsifying and/or knowingly misrepresenting any information in this application or refusal to sign this release are grounds for denying the application or dismissing the volunteer. I understand that if, during the process and background checks, something is found that is not on the application that could be automatic grounds for not being accepted into the CASA program.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of 12 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA office with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a volunteer. I will discuss CASA case matters only with those persons who are directly involved in the case or who will be consulted for their professional knowledge and expertise.

Signature: _____ Date: _____

Please attach any additional information you want to submit and return completed application to:

CASA of Lea County
215 W. Broadway, Suite 9
Hobbs, NM 88240
 Phone: (575) 393-0015
 Fax: (575) 433-0015

casaleaco@leaco.net
www.nationalcasa.org

Updated 8/18/06

*(The following forms need to be **notarized** before returning to the CASA office.)*





CASA of Lea County, Inc.
215 W. Broadway, Suite 9
Hobbs, NM 88240
(575) 393-0015 · FAX (575) 433-0015

Department of Public Safety · PO Box 1628 · Santa Fe, NM 87504-1628

Authorization for Release of Information

I, _____
Print - last, first, middle (maiden) name (SS#) (Date of Birth)

Pursuant to NMSA 1978, Section 29-10-6(A) (Rept. Pamp. 1990), of the New Mexico arrest record information act, hereby appoint:

Name (Must be printed) (If no agent, print "Self")

As an authorized agent for me for the purpose of inspecting (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information contained by the Department of Public Safety, including information concerning felony or misdemeanor arrests.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above.

I hereby release the custodian or custodians of such records and the Department of Public Safety and the state of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representatives or any nature because of compliance by said custodian or custodians with this "authorization for release of information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assigns, associates personal representative or representatives of any nature.

Signature

(Attn: Notary ensure document is signed in your presence and name, date of birth is verified with a valid ID).

SUBSCRIBED AND SWORN before me this _____ day of _____, 2____.

Notary Public

My Commission Expires





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Authorization to Inspect/Obtain Police Department Criminal Arrest Records

The foregoing will authorize my representative, Ann Murdock, Volunteer Coordinator of CASA of Lea County, to inspect and/or obtain copies of all arrest information only, concerning me, if any, filed with the _____ Police Department and National Crime Information Center.

I agree to indemnify and hold harmless the City of _____, the _____ Police Department and any of its employees against any liability as a result of my representative reviewing and/or receiving any arrest information concerning me on file with the _____ Police Department.

Print full name, (last, first, middle, maiden, and other married names.)

Signature

Date of birth

Social security number

Driver's License Number

Street address

City

State

Zip

STATE OF NEW MEXICO)

) ss.

COUNTY OF LEA)

SUBSCRIBED AND SWORN before me this _____ day of _____, 200__.

Notary Public

My Commission Expires



CASA of Lea County, Inc.
215 W. Broadway, Suite 9
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**Authorization to Inspect/Obtain Records from
Children, Youth, and Families Department
For Personal Reference Check**

The foregoing will authorize my representative, Ann Murdock, Volunteer Coordinator of CASA of Lea County, to inspect and/or obtain any or all records filed with Children, Youth, and Families Department (CYFD).

I agree to indemnify and hold harmless CYFD and any of its employees against any liability as a result of my representative reviewing and/or receiving information concerning me on file with CYFD.

Print full name, (last, first, middle, maiden, and other married names.)

Signature

Date of birth

Social security number

Street address

City State Zip

STATE OF NEW MEXICO)

) ss.

COUNTY OF LEA)

SUBSCRIBED AND SWORN before me this ____ day of _____, 200__.

Notary Public

My Commission Expires





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AUTHORIZATION/CONSENT – Background Check from ChoicePoint

During the application process and at any time during the tenure of my volunteer service with CASA of Lea County, Inc, I hereby authorize ChoicePoint Services Inc., on behalf of CASA of Lea County, Inc. to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Volunteer Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

* For identification purposes only

Printed Name _____
(first middle last maiden)

Street Address _____

City, State, Zip _____

Phone _____

*Driver's License # _____

SUBSCRIBED AND SWORN before me this _____ day of _____, 200____.

Notary Public

My Commission Expires