



Court Appointed Special Advocate Program Volunteer Application Utah Office of Guardian ad Litem and CASA

Application for Volunteer CASA Program Please Print or Type

Name		Date of Birth		
Alias or Preferred Name		Ethnicity / Race		
Mailing Address	City	State	Zip	
Street Address (If different from Mailing Address)	City	State	Zip	
Home Phone		Cell Phone		
E-mail Address (please print)				
Emergency Contact person	Relation	Phone		

Employment Information

Employment status

Full time	Part time	Retired	Student	Not employed

Name of Employer (if applicable)		Job Title		
Can you be called at work?	Yes	No	Work Phone	Extension
Employer's Street Address	City	State	Zip	

Education Information

Highest year of school completed	Degree (if applicable)	Languages you speak fluently
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Driver Information

Driver License Number	State Issued	Auto Insurance Provider	Policy Number
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List current and previous volunteer or Community activities:

Name of agency or activity	Brief description of duties and activities	Dates of service

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> News Media |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Education | <input type="checkbox"/> Other Agency experience |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Court System | <input type="checkbox"/> Medicine | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Criminology | <input type="checkbox"/> Mental Health | |

Please Describe

Are you willing to commit to **one year** of volunteer services? Yes No

As a CASA volunteer you will be asked to attend court hearings for the children you represent. Are you able to arrange your schedule to attend these hearings? This is not required. Yes No

We are happy you found us, how did you learn of the CASA program?



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Personal History

Have you ever been a victim of abuse? Yes No

Have you ever been convicted of a crime? (Exclude minor traffic violations.) Yes No

Charge	Date or disposition	Place incident took place

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Do you consent to a routine review of your criminal records? Yes No

Do you consent to a review by the Department of Family Service? Yes No

There are many benefits to becoming a volunteer, and many reasons why people choose to do this type of work. Please evaluate each of the following statements as it applies to your motivation for becoming a volunteer.

1 being very important, and 4 being least important.

There is no right or wrong, this just helps us to know what is important to you.

I want to develop my advocacy skills.

I want to meet and work with other people who share my passion.

I want to be part of a strong network of child advocates.

I want to serve my community.

Any other comments?



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PERSONAL REFERENCES

Our office will email forms to your references

Name	Relation	phone
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Email Address

Name	Relation	phone
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Email Address

Name	Relation	phone
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Email Address

AFFIRMATION AND RELEASE

I, the undersigned, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA/GAL program 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/GAL volunteer. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA coordinator 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 Court Appointed Special Advocate. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. **I understand any breach of confidentiality could result in my dismissal as a CASA.**

Name (please Print)

Date

Signature

Please return this completed application by email or mail to the
Program Coordinator in your area.