

CASA OF CENTRAL OREGON

Volunteer Application

Today's Date: ___/___/___

PERSONAL INFORMATION

Name: _____
Last First Middle

Maiden Name or Alias: _____ Social Security #: _____

Address: _____
City State Zip

County _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email address _____

Driver's License Number _____ State _____

Ethnicity (Optional; data used for National CASA Statistics) _____

How long have you lived in Central Oregon? _____

Current employment? Full Time Part Time Self Employed Retired

May you be called at work? Yes No Employer _____

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

Insurance Carrier? _____ Date of Expiration: _____

Emergency Contact: _____

Name Phone #'s

EDUCATION

High School: 9 10 11 12 Post-Secondary/College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree(s): _____

Are you presently enrolled in school? Yes No

If yes, name of school _____ Course of study _____

Languages spoken other than English: _____

Can you also read and write in these languages? Yes No

Specialized skills or knowledge, Hobbies/special interests: _____

WORK AND VOLUNTEER HISTORY

(Use additional sheet if necessary)

Current or last employer: _____

Address: _____

Phone: _____ Supv. Name _____

Dates of employment: _____ Type of Business: _____

Was this volunteer service? Yes No

Brief description of work: _____

Reason for leaving: _____

May we contact this employer? Yes No

Previous employer: _____

Address: _____

Phone: _____ Supv. Name _____

Dates of employment: _____ Type of Business: _____

Was this volunteer service? Yes No

Brief description of work: _____

Reason for leaving: _____

Previous employer: _____

Address: _____

Phone: _____ Supv. Name _____

Dates of employment: _____ Type of Business: _____

Was this volunteer service? Yes No

Brief description of work: _____

Reason for leaving: _____

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

Medicine Education Mental Health Criminology Counseling

Law Enforcement Psychology Child Welfare Child Development

Advertising or Public Relations Drug or alcohol Abuse Programs Writing

News Media Child Care Public Speaking Art/Graphics Social Work

Please describe your experience in the above: _____

CONFLICTS OF INTEREST

To determine any potential conflict you may have in working with CASA of Central Oregon, please provide the following information:

Spouse/Partner Name: _____

Occupation: _____

Employer: _____

Date of Birth: _____

Household Members	Relationship

Do you have any potential conflicts of interest regarding court officers, judges, etc?

REFERENCES

Please list three persons we may contact as references: (If you are currently employed and/or holding a volunteer position, one reference should be from that source.)

Name: _____ Relationship: _____
Address: _____ City _____ State ____ Zip _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Address: _____ City _____ State ____ Zip _____
Phone: _____ Email: _____

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Address: _____ City _____ State ____ Zip _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Email: _____

CRIMINAL HISTORY AND RELATED INFORMATION

	Yes	No	N/A
<p>Have you ever been arrested for a sex-related crime, offense or violation?</p> <p style="margin-left: 40px;">Did the crime involve minors?</p> <p style="margin-left: 40px;">Were you convicted?</p> <p style="margin-left: 40px;">If yes, was the conviction in Oregon?</p> <p style="margin-left: 40px;">If not in Oregon, please list the State: _____</p>			
<p>Have you ever been arrested for a crime, offense or violation involving violence or the threat of violence?</p> <p style="margin-left: 40px;">Were you convicted?</p> <p style="margin-left: 40px;">If yes, was the conviction in Oregon?</p> <p style="margin-left: 40px;">If not in Oregon, please list the State: _____</p>			
<p>Have you ever been arrested for a crime, offense or violation involving criminal activity in drugs?</p> <p style="margin-left: 40px;">Were you convicted?</p> <p style="margin-left: 40px;">If yes, was the conviction in Oregon?</p> <p style="margin-left: 40px;">If not in Oregon, please list the State: _____</p>			
<p>Have you ever been arrested for Driving Under the influence of Intoxicants?</p> <p style="margin-left: 40px;">Were you convicted?</p> <p style="margin-left: 40px;">If yes, was the conviction in Oregon?</p> <p style="margin-left: 40px;">If not in Oregon, please list the State: _____</p> <p style="margin-left: 40px;">Did you complete Diversion for DUII?</p>			
<p>Have you ever been arrested for any other crime, offense or violation other than a minor traffic violation?</p> <p style="margin-left: 40px;">If yes, please explain: _____</p> <p style="margin-left: 40px;">Were you convicted?</p> <p style="margin-left: 40px;">If yes, was the conviction in Oregon?</p> <p style="margin-left: 40px;">If not in Oregon, please list the State: _____</p>			
<p>Have you been arrested for a crime, offense or violation for which there has not <u>yet</u> been an acquittal, dismissal, conviction or other resolution?</p> <p style="margin-left: 40px;">If yes, please explain: _____</p>			
<p>Have you ever been diagnosed with and/or treated for a mental health disorder or illness?</p> <p style="margin-left: 40px;">If yes, please explain: _____</p>			
<p>Have you ever been recommended for and/or received treatment for chemical dependency or alcoholism?</p> <p style="margin-left: 40px;">If yes, please explain: _____</p>			

AFFIRMATION AND RELEASE OF INFORMATION

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that if any information is found to be inaccurate or untruthful, this may result in rejection of my application, or dismissal from the program if later discovered.

I hereby authorize CASA of Central Oregon to investigate my background to determine my fitness as a potential volunteer. I understand that my name will be submitted to the Department of Human Services, the Deschutes, Crook and/or Jefferson County District Attorney, the Deschutes, Crook and/or Jefferson County Sheriff's Office, the Bend, Redmond, Prineville and/or Madras Police Departments, and the Oregon State Police. In addition, I understand I will be fingerprinted for a national data base search. I understand and acknowledge that any information received from the above mentioned sources or the above "Criminal History and Related Information" may be grounds for rejection of my application, or dismissal from the program if later discovered. I also understand that allegations of abuse or other criminal allegations occurring during my service as a volunteer may result in my dismissal.

I also understand that letters of reference will be sought from the list of names provided by me. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer.

I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director 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 CASA volunteer. I will discuss these matters only with those persons directly involved in the case or those consulted for their professional knowledge and expertise. I understand all information, written or spoken, received during my volunteer tenure with CASA of Central Oregon is confidential. I understand that a breach of confidentiality may result in my dismissal.

Print Name	Birth Date	Social Security Number
Signature	Date	

Please return this application at your earliest convenience to:

**CASA of Central Oregon
1130 NW Harriman St, Ste. 122
Bend, OR 97701**