



Voices for Kids CASA Program of Southeast Virginia
~ Isle of Wight County ~
~ City of Franklin ~
~ Southampton County ~

CASA Volunteer Application

Date Received by CASA: _____

Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cellular Phone: _____ Work Phone: _____

*May we call you at work? _____

E-mail Address: _____ Social Security Number: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Spouse's Name: _____

Please List Name and Age of all Children:

If the above address is less than two years, give previous address(es).

Emergency Information:

In Case of Illness or Injury Contact: _____
Name Relationship

Address Phone

Current Employment Information:

Full Time: _____ Part-time: _____ Retired: _____ Not Employed: _____ Student: _____

Employer: _____

Street Address: _____

Position: _____ Supervisor: _____

Other Work Experience:

Please list all other job related experience (Resumes will not substitute this section but may be attached).

Employer	Dates employed	Position	Reason for leaving	Paid (P) or Volunteer (V)

Education:

	Name	City/State	Year of Completion
High School			
College			
Other			

*List your **driver's license** and any licenses or certificates that you have to practice a trade or profession*

Type	License No.	Expiration	State

Additional Training:

Please describe any additional training or education NOT LISTED.

Skills:

Please list your Other Activities, Special Interests, Hobbies and Skills.

Please list any special skills that you have acquired through education, employment, volunteer service, or life experience.

Please answer the following questions in paragraph form. You may use a separate sheet of paper. Please answer the questions honestly. If you do not understand a question, please do not hesitate to ask.

1. Write a short summary about why you are interested in becoming a CASA Volunteer?

2. Explain your philosophy of children's rights.

3. Describe your philosophy of placing children in an alternative permanent home placement (i.e. foster care or adoption).

4. How do you view the Foster Care System?

5. Have you ever had personal experience involving the Department of Social Services, the Juvenile Court, Foster Care, or any other agencies offering services to a child in or out of the Commonwealth of Virginia? Please explain.

6. What strengths will you bring to the program?

7. What weakness will you bring to the program?

8. Do you drive? Yes _____ No _____

9. Do you have regular access to a car? Yes _____ No _____

10. Do you speak a language other than English? Yes _____ No _____
Specify: _____

11. Do you know American Sign Language? Yes _____ No _____

12. Do you have any type of physical or learning disability? Yes _____ No _____
If yes, please explain:

Please read the following scenarios. Please write your answers in paragraph form. You may use a separate sheet of paper. Please answer the questions honestly.

❖ A nine month old child was removed from his home by the Department of Social Services due to a violent beating from his father. The petition alleges that the child is at risk if he stays in the home. The father is in a residential treatment facility, and allowed to go home only on weekends. The social worker from the Department of Social Services has found a foster home and the child has progressed well there for approximately three weeks. The CASA volunteer stated to the social worker that she felt it would be better to see if the child could stay home during the week when the father is not there and be placed in safety on the weekends when the father is home. The social worker denied that request.

1. Do you agree with the CASA volunteer's perception? Why or Why not?

2. If you disagree, what would you propose?

❖ A ten year old girl has a history of physical abuse by her mother. This is the forth removal by the court in regard to this child. Presently, the girl is living with foster parents who wish to adopt her if the mother cannot take her home. The mother is undergoing treatment at a local agency in the community. The girl wants to return home to her mother.

1. What are some of the issues you believe need to be addressed?

2. What placement, if any, do you as the CASA volunteer recommend and why?

References:

Please list the names and complete addresses of three non-related references that we may contact via mail. Make sure you include all required information and that the references will respond to our inquiry.

Name and Relationship: _____

Mailing Address: _____

Telephone Number: _____

Name and Relationship: _____

Mailing Address: _____

Telephone Number: _____

Name and Relationship: _____

Mailing Address: _____

Telephone Number: _____

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- ❖ I hereby certify that all statements made on this application are true and correct to the best of my knowledge.
 - ❖ Having considered the opportunities and the commitment and responsibilities involved, I offer my services as a Court Appointed Special Advocate for the Voices for Kids CASA Program and the Juvenile and Domestic Relations Court and agree to all guidelines set forth by the Voices for Kids CASA Program.
 - ❖ I authorize the Voices for Kids CASA Program to complete a background records check through local law enforcement, NCIC, DMV, Child Protective Services Central Registry, State Criminal and Sex Offender Registry, FBI, and to check my personal references. ***Note: Failure to give this authorization will result in the immediate rejection of your application.***
 - ❖ Volunteers may be rejected from the program if the applicant is found to have been convicted of, or have charges pending for a felony or misdemeanor involving a sexual offense, child abuse or neglect, or any criminal acts that would pose risk to children or the CASA program's credibility.
 - ❖ Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of a Court Appointed Special Advocate. No individual will be rejected because of race, color, religious affiliation, national origin, sex, age, disability, or marital status.

Applicant's Signature: _____ Date: _____

Thank you for completing the Voices for Kids CASA Program Volunteer Application. Please return the application to the following address:

Voices for Kids CASA Program of Southeast Virginia
P.O. Box 80
Isle of Wight, Virginia 23397
757-357-2170
757-357-5709 fax
info@voicesforkidsofsv.org