



Court Appointed Special Advocates
FOR CHILDREN

VOLUNTEER APPLICATION

Virginia Beach Court Appointed Special Advocates, Inc.
J&DRC, 2425 Nimmo Pkwy, Virginia Beach, VA 23456

Please Print Mr. _____ Mrs. _____ Ms. _____ Miss: _____

NAME:			Date of Birth:
Last Name	First Name	Middle Name	
Street Address:			
City:	State:	Zip Code:	
Home Tel#	Social Security #:		
Fax #	E-Mail Address:		
Cell #	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Length of residency in State of Virginia: _____ Length of time at current address _____
(If less than 5 years, in state of Virginia, and at current address, list other addresses on reverse side of application.)

Employment Status: Full time Part time Not employed Retired Length Employed:

Employed By (If applicable):	Business Tel#
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Street Address:			
City:	State:	Zip Code:	

BRIEF DESCRIPTION OF WORK:

Education: GED High School College Post Graduate Type of Degree:

ARE YOU ACTIVE DUTY MILITARY?	BRANCH?	RETIRED?	SPOUSE IN MILITARY?
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CURRENT VOLUNTEER ACTIVITIES:

Primary Language: English Spanish French Other
Secondary Language English Spanish French Other

SPECIAL SKILLS OR HOBBIES:

HAVE YOU HAD ANY PERSONAL EXPERIENCES INVOLVING THE FOLLOWING: (Please explain)

The Court System:	
Child Welfare:	
Foster Care:	
How Did You Hear About Casa?	Friend, paper etc.

What Experiences Have You Had That Would Be Helpful To You As A Volunteer In This Program?

Do you drive on a daily basis: Yes No

Do you have car insurance Yes No

Do you have a valid VA driver's license Yes No

Auto license plate #:

HAVE YOU EVER BEEN ARRESTED: Yes No

If Yes list all criminal/legal offenses for which you have been charged as an adult or juvenile. Please list disposition of offenses below. This information may, or may not, preclude selection for this volunteer program.

You will be required to complete an FBI fingerprint check. Are you willing to do so? Yes No

ARE YOU WILLING TO COMMIT YOURSELF FOR *ONE YEAR* TO BE A CASA VOLUNTEER? Yes No

If not, for how long?

Are You Available For Training During The Day? Yes No **and/or Evenings ?** Yes No

IN THE EVENT OF AN EMERGENCY WHOM WE SHOULD CONTACT?

Name:

Relationship:

Street:

Telephone #

City:

State:

Zip Code:

PLEASE LIST THREE REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST A YEAR. *Not relatives,* preferably people for whom you have worked in either a paid, or unpaid capacity. Please give complete mailing addresses

Print Mr. _____ Mrs. _____ Ms. _____ Miss: _____

NAME:

Relationship:

Street:

Tel#:

City:

State:

Zip:

Print Mr. _____ Mrs. _____ Ms. _____ Miss: _____

NAME:

Relationship:

Street:

Tel#:

City:

State:

Zip:

Print Mr. _____ Mrs. _____ Ms. _____ Miss: _____

NAME:

Relationship:

Street:

Tel#

City:

State:

Zip:

*Falsification of any information on this application will immediately disqualify applicant for consideration as a Court Appointed Special Advocate.

I hereby certify that all statements made on this Volunteer Application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize inquiries to be made concerning my employment, character and police record, for the purpose of determining my suitability as a volunteer. All information will be held in the strictest confidence.

Criteria used in the selection of volunteers will be such as to ensure 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 creed, national origin, sex, sexual orientation, age or marital status.

Applicant's signature

Date

For statistical purposes only please check the following applicable box: (This is not mandatory, but is very helpful)

My ethnic group is: African American Asian American Caucasian Latino Native American: Other: