



Dear Volunteer Applicant,

Thank you very much for your interest in our Court Appointed Special Advocates program (CASA). The volunteer work that you are considering will change a neglected and/or an abused child's life forever. You will notice that our application is extensive. As you would expect with this type of work with children, we must take special care to screen all volunteers. Thank you in advance for your patience and understanding in this application process. The following items are included with this mailing:

- CASA Job Description
- Application and Questionnaire
- Applicant Release Order Forms (3 forms – each form is sent to a separate agency. One of the forms needs to be notarized)
- CASA FACTS

Please note that some pages in the packets are printed on two sides. If you wish to complete the application and questionnaire on your computer, please call our office and we will be happy to e-mail the forms to you.

After you have returned release forms, application, and questionnaire, we will schedule an interview here at our office. This is also a great time to ask us your questions. We are here to support you.

As a nonprofit agency we ask that volunteers contribute to the cost of their volunteer training and screening. This has a great impact on our budget. If you have been a Colorado resident for five years or more, please enclose a check for \$20.00, for all those who have been a resident in a state other than Colorado in the last five years the fee is \$35.00. This fee covers the cost of background checks. If you want a hard copy of the training manual please also enclose a check for \$25. You also have the option of downloading the training manual from our website at www.casa17th.org or we can provide you with a disk of the training manual at no charge to you. Scholarships are also available for volunteers who are not able to contribute to training and screening costs. Please let us know if you are interested in a scholarship.

CASA does not discriminate on the basis of race, color, creed, religious preference, gender, disability, sexual preference, or veteran status. A CASA volunteer must be over 21 years of age. Unfortunately, not every applicant is accepted for our advocacy work. CASA reserves the right to deny a volunteer position to any applicant without explanation.

We hope to hear from you soon. We have children waiting for a CASA. Please call the CASA office at 303 654-3378 if you have any questions.

Sincerely,

Christy Martinez
Program Director

Job Description
Court Appointed Special Advocate
CASA of Adams and Broomfield Counties

Reports to: CASA Program Staff

Purpose: The Court Appointed Special Advocate is a trained volunteer who:
Speaks up for the interests of abused and neglected children in court; and works to insure that the child's right to a safe, permanent home is addressed quickly and with due consideration.

Qualifications:

- Interest in children, their needs and rights
- Maturity, stability, confidence, common sense
- Ability to work with a broad spectrum of the community in a sensitive, positive and objective manner
- Good Communication skills
- Must be over 21 years of age
- Ability to pass background checks
- Volunteers will be on probation for the first six (6) months of the case

Duties:

- Attendance at pre-service and in-service trainings;
- Commitment of a minimum one year assignment, averaging 3-5 hours a week
- Conduct an independent investigation into each case; meet with the child at least monthly and other relevant persons, review all pertinent records and documents, maintain contact with the child to monitor progress
- Attend all court hearings (mandatory unless it is an emergency) be prepared to give verbal reports in addition to written report submitted before the hearing
- Maintain complete and accurate records of time and activities through the contact log
- Submit a monthly report
- Submit quality written reports two weeks in advance of the case court date
- Assist in the identification of resources appropriate to meet the needs of the child
- Maintain strict confidentiality

Benefits:

- Training, support and supervision from the staff of CASA of Adams and Broomfield Counties
- Opportunity to learn about Juvenile Court and Social Service Systems
- Opportunity to develop own skills and abilities
- Satisfaction from contributing to community services on behalf of abused and neglected children

EMPLOYMENT (Beginning with most recent, list history for the past five years, including part time, temporary, or seasonal employment. Use separate sheet if necessary.)

From (date) _____ **To (Date)** _____ **Job Title** _____ **Supervisor** _____ **Employer** _____

Employer Address _____ **Phone** _____

Duties: _____ **Reason for Leaving:** _____

From (date) _____ **To (Date)** _____ **Job Title** _____ **Supervisor** _____ **Employer** _____

Employer Address _____ **Phone** _____

Duties: _____ **Reason for Leaving:** _____

From (date) _____ **To (Date)** _____ **Job Title** _____ **Supervisor** _____ **Employer** _____

Employer Address _____ **Phone** _____

Duties: _____ **Reason for Leaving:** _____

Were you ever discharged, asked to resign, furloughed or put on inactive status for cause, or subjected to disciplinary action while working in any of these organizations? Y N

If yes, explain: _____

Have you resigned after being informed that your employer intended to discharge you? Y N

If yes, please explain: _____

EDUCATION (CASA does not require a college education.)

Highest Level Completed Name of School Degree Date

Area of Study

Can you communicate effectively in any language(s) other than English? Y N
If Yes, which Language? _____

How did you learn about the CASA Program? _____

Describe your use of alcohol: _____

Have you ever been charged with a DUI or a DWAI Y N

Describe your use of Drugs: _____

What is your current state of health? _____

Describe any limitations on activities: _____

Will you be able to fulfill a commitment to remain active on a case, which you accept, throughout its entire court involvement (at least 18 months)? ____ Yes ____ No
Please describe any imminent considerations that might complicate such a commitment.

I certify that I have made no willful misrepresentations, omissions or falsifications in this application, and that the entries made by me above are true, complete, and correct to the best of my knowledge. Any willful misrepresentation or falsification in this application will cause my disqualification for participation in the program and/or immediate termination, if discovered later. I understand that CASA of Adams and Broomfield Counties will conduct periodic and repeated background checks at no expense to me and give my permission for them to do so.

Signature

Date

CASA of Adams and Broomfield Counties is an equal opportunity employer. CASA reserves the right to disqualify any applicant who would not be appropriate for the CASA program. CASA further reserves the right to terminate any volunteer who is inappropriate for the program.

Please return completed application to: CASA of Adams and Broomfield Counties
1100 Judicial Center Dr
Brighton, CO 80601
Phone (303) 654-3378
Fax (303) 654-3379

QUESTIONNAIRE

There is no right or wrong answers to these questions; we just want to get to know you! Please answer them based on your own feelings and opinions. Please answer questions on a separate piece of paper. This information will be kept confidential.

1. Tell me about your childhood. What are some of your happiest/saddest memories? Siblings?
2. Tell me about your mother and father. What did you like best about them? How did they discipline you? How do you discipline your children?
3. What have you done in life that has given you the greatest satisfaction?
4. What has been the biggest disappointment in your life?
5. Tell me about your job. What do you like/dislike about it?
6. Tell me about your family. How do they feel about your volunteering?
What did you enjoy most about the previous volunteer work? What did you enjoy the least?
7. Describe your temperament. What do you like best about yourself? What would you improve?
What are your strengths? Areas of discomfort?
8. Why do you want to volunteer in the field of child abuse?
9. What do you need from this volunteer experience?
10. How do you feel about parents who abuse their child(ren)?
11. How would you feel about speaking in a courtroom?
12. How do you feel when you hear the term, “child abuse”?
13. What is your personal experience with child abuse?
14. What do you understand about the term “advocacy”?
15. Children should be taught to...
16. I find it most difficult to say...
17. What skills do you have which would enhance this program?
18. How do you deal with stress? Anger?
19. Have you had previous experience with the child welfare system? If so, what was it?
20. Do you have current contact with children? If so, what is it?

21. What do you feel constitutes child abuse?
22. Would you be willing to go into the parent's or child's home to interview them, if necessary?
23. Have you ever worked with a counselor or therapist, or taken psychotropic medications (drug affecting a person's mental state)?
24. How much time can you give to CASA? What other responsibilities do you have?
25. What questions do you have of CASA?
26. Is there anything special you would like to share about yourself?

Authorization to Release Information

To: Adams County Sheriff / Colorado Department of Motor Vehicle/ Local Police

From: CASA of Adams and Broomfield Counties

Subject: Waiver for obtaining Law Enforcement and Motor Vehicle Record Information

The following is a waiver to release law enforcement record information to CASA of Adams and Broomfield Counties for the following individual. Your cooperation is greatly appreciated.

I, (print your name), _____ hereby request that you release any and all information concerning my record of arrests and convictions which may be in your custody to the CASA of Adams and Broomfield Counties office or its authorized representative. This request shall be effective for one year from date.

Name _____

Social Security # _____ **Height** _____

Date of Birth _____ **Weight** _____

Gender _____ **Eye Color** _____

Ethnic Background _____ **Hair Color** _____

Driver's License # _____ **Exp. Date** _____
State _____

Signature _____

Signed and sworn to before me, a Notary Public, in
and for the State of Colorado

This _____ day of _____ 20____

Notary Public

My commission expires _____

Please be sure you sign this waiver in the presence of a notary public prior to returning it to the CASA of Adams and Broomfield Counties office.

CASA of Adams and Broomfield Counties

1100 Judicial Center Drive
Brighton, CO 80601
Telephone: 303-654-3378
Fax: 303-654-3379

**AUTHORIZATION TO RELEASE PRIVILEGED
INFORMATION**

I, _____, hereby authorize the release of the following records and information to CASA of Adams and Broomfield Counties.

General Information: Any and all other information which is requested, including the TRAILS database, concerning Department of Social Services.

This authority is valid until revoked by me in writing. A photocopy or facsimile of this release shall have the same force and effect as the original.

Signature

Date

Complete Name: _____

Address: _____

City, State, Zip: _____

County: _____

Telephone No.: _____

Social Security No.: _____

Date of Birth: _____

**CASA of Adams and Broomfield Counties
AUTHORIZATION and RELEASE**

I understand that, as a condition of my consideration for a volunteer position with CASA of Adams of Broomfield Counties, CASA of Adams and Broomfield Counties may obtain a consumer report that includes, but is not limited to, social security verification, criminal and civil history, sexual abuse registry, DMV records, Colorado TRAILS registry, Colorado Bureau of Investigation and any other public records - and that CASA of Adams of Broomfield Counties may check this records periodically throughout my tenure as a volunteer. I also understand the CASA of Adams and Broomfield Counties will obtain information from a personal interview and from the references that I listed in the application.

I hereby authorize and consent to release to CASA of Adams and Broomfield Counties procurement of such a report from ESAG, Colorado Bureau of Investigation, Adams County and Broomfield County Sheriffs Departments, Adams County Social Services Department and the Colorado Department of Revenue Motor Vehicles Division through means of mail or a secure internet site. I understand that, pursuant to the federal Fair Credit Reporting Act, CASA of Adams and Broomfield Counties will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my acceptance for volunteer work with CASA of Adams and Broomfield Counties. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant

___/___/___
Date

Name (First, Middle, Last): _____

Address: _____

City, State, Zip: _____

County: _____

Telephone #: _____

Date of Birth: ___/___/___ Social Security #: ___-___-___

Drivers License #: _____ State: _____

Sex: ___ Race/Ethnicity: _____

Addresses for past (5) years:

Current Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____