

The following information will be used for statistical purposes only.

Ethnicity: Asian () Black () Hispanic () White () Other_____

Work : Full Time () Part Time () Retired () Student () Not Working ()

Marital Status: Single () Married () Widowed () Separated () Divorced ()

How did you hear about CASA? Agency () Corporation () Flyer () Vol. Referral Agency ()
Media () Friend () Webpage () Other ()

Please be more specific (ex: name of newspaper, name of agency, etc.) _____

If you are interested in assisting in other ways, besides being a CASA volunteer, please indicate all that apply.
_____ Fund-raising _____ Office Assistant _____ Public Relations

On another sheet of paper, please write a few paragraphs (no more than two pages) telling us about yourself in relation to being a CASA volunteer. Please include such things as why you would like to be part of the CASA program; what you think you have to offer and what you expect to derive from the experience; any past or current experiences working with children, with adults with problems, with government or other major systems; any specific training or any other experience in your own family, professional or social life that you feel might be related to the work you would be doing as a CASA volunteer.

Any applicant convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risk to children or to the CASA program's credibility is not eligible to be a CASA volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA program and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer. I acknowledge that all this information will remain the exclusive property of Bergen County CASA.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that 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 with those who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the CASA program and their ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature

Date

SUBJECT

STATE
of
NEW JERSEY



JUDICIAL VOLUNTEER APPLICATION

FOR OFFICE USE ONLY
(Specify Volunteer Program)

GENERAL INSTRUCTIONS: Please type or print clearly.

DATE:

NUMBER THE FOLLOWING PROGRAMS IN ORDER OF YOUR PREFERENCE (1 = FIRST CHOICE)

<input type="checkbox"/> Child Placement Review	<input type="checkbox"/> Juvenile Conference Committee	<input type="checkbox"/> Supervised Visitation Program	<input type="checkbox"/> Volunteers in Probation	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Court Appointed Special Advocates	<input type="checkbox"/> Guardianship Monitoring	<input type="checkbox"/> Juvenile Intensive Supervision	<input type="checkbox"/> Municipal Court Mediation	<input type="checkbox"/> Project Care

PERSONAL INFORMATION

NAME (Last)		(First)	(Middle)	(Other last names used)	
HOME ADDRESS (Street)			CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED IN THIS MUNICIPALITY?		HOW LONG HAVE YOU LIVED IN THIS COUNTY?		HOW LONG HAVE YOU LIVED IN THIS STATE?	
PRIOR RESIDENCE				TELEPHONE NUMBER ()	
SOCIAL SECURITY NUMBER				EMERGENCY CONTACT PERSON	
EMERGENCY CONTACT PERSON				EMERGENCY CONTACT'S TELEPHONE ()	
HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED BY THE COURT? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, GIVE DETAILS OF EACH CONVICTION AND DISPOSITION BELOW. A CONVICTION WILL NOT NECESSARILY PRECLUDE YOU FROM CONSIDERATION UNLESS SUCH CONVICTION(S) RELATES ADVERSELY TO THE VOLUNTEER POSITION SOUGHT.		

EDUCATION

HIGHEST LEVEL OF SCHOOLING (circle one number only)			DEGREE EARNED		MAJOR AREA STUDIED	
ELEMENTARY / JR. HIGH / HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12		COLLEGE 1 2 3 4	GRADUATE 1 2 3 4 5 6			
SPECIAL TRAINING (INCLUDE ANY RELEVANT MILITARY TRAINING)						
CERTIFICATES ATTAINED						
IF CURRENTLY IN SCHOOL WILL CREDIT BE GIVEN FOR VOLUNTEER WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, GIVE DETAILS			
HOBBIES / SPECIAL SKILLS						

EMPLOYMENT

OCCUPATION			JOB TITLE		
DUTIES					
PRESENT EMPLOYER					
BUSINESS ADDRESS (street)			CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER ()			HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?		
PREVIOUS EMPLOYER			HOW LONG DID YOU WORK FOR YOUR PREVIOUS EMPLOYER?		PREVIOUS EMPLOYER'S TELEPHONE NUMBER ()

JUDICIAL VOLUNTEER APPLICATION

VOLUNTEER PROGRAM INFORMATION

ARE YOU WILLING TO MAKE A COMMITMENT FOR A YEAR OR LONGER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE USE OF A CAR/VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ARE YOU ASSOCIATED WITH THE JUSTICE SYSTEM OR WITH ANYONE INVOLVED IN THE PROGRAM TO WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper if necessary)
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IN ADDITION TO ENGLISH, DO YOU SPEAK ANOTHER LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST ADDITIONAL LANGUAGES AND YOUR PROFICIENCY LEVEL
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HOURS AVAILABLE							
FROM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO							

HOW DID YOU LEARN ABOUT OPPORTUNITIES IN JUDICIAL VOLUNTEERING?

WHY DID YOU CHOOSE TO APPLY FOR THE PROGRAM WHICH YOU SELECTED AS YOUR FIRST CHOICE? (use additional paper if necessary)

AFFILIATIONS

ARE YOU CURRENTLY A MEMBER OF ANY PROFESSIONAL, COMMUNITY, POLITICAL OR SOCIAL ORGANIZATION OR GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUP NAME, POSITION HELD, etc. (use additional paper if necessary)
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DO YOU HOLD AN ELECTED POLITICAL POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TITLE
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DO YOU HOLD AN APPOINTED POLITICAL POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TITLE
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HAVE YOU EVER HAD A SALARIED POSITION WORKING WITH JUVENILES? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper, if necessary)
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ANY PAST VOLUNTEER WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper, if necessary)
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REFERENCES

NAME (Last) _____ (First) _____	RELATIONSHIP (FRIEND, ETC.) _____	
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HOME ADDRESS (Street) _____	CITY _____	STATE _____	ZIP CODE _____
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NAME (Last) _____ (First) _____	RELATIONSHIP (FRIEND, ETC.) _____	
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HOME ADDRESS (Street) _____	CITY _____	STATE _____	ZIP CODE _____
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STATEMENTS

I, the undersigned, hereby

- authorize the release, to the court, of all information from my military and employment records;
- understand that as a condition of appointment to a judiciary volunteer position a request for a criminal history record will be filed with the State Police;
- understand that all the information requested will be for confidential use in determining my placement in the program and that an investigation into my background is necessary and will be conducted by Court personnel;
- understand that I must complete all training required to maintain my position in the program, if accepted;
- acknowledge that, to the best of my ability, all the information given on this form is true.

APPLICANT SIGNATURE _____	COUNTY _____	DATE _____
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