



Family Court of the State of NY Hall of Justice • Room 332 • Rochester, NY 14614-2115

Phone: 585-428-5297 • Fax: 585-428-2780 • Email: CASA@CASARochester.org • Web: www.CASARochester.org

VOLUNTEER APPLICATION

The following information will be kept strictly confidential.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
Are you currently employed: [ ] Yes [ ] No If Yes, [ ] Fulltime or [ ] Part time How Long? \_\_\_\_\_
Present Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_
Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Education: Name Location Degree/Year Graduated
High School: \_\_\_\_\_
Vocational School: \_\_\_\_\_
College: \_\_\_\_\_
Graduate School: \_\_\_\_\_
Other Training: \_\_\_\_\_

Volunteer Experience and Experience working with children (Membership in clubs, faith communities, professional groups, etc.):

Table with 3 columns: Organization, Dates Involved, Type of Experience. Rows 1-5.

Have you lived outside of New York State in the past five (5) years: [ ] Yes [ ] No

Are you prepared to complete 30 hours of pre-service training, court room observation, and a minimum of twelve hours per year of in-service training? [ ] Yes [ ] No

Does your schedule permit you to attend meetings and court hearings during the work day? [ ] Yes [ ] No

Are you prepared to commit to at least two years of volunteer service? [ ] Yes [ ] No

Languages spoken, other than English \_\_\_\_\_

Hobbies/Special Interests/Training \_\_\_\_\_

Do you have any cases pending in any court? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

Have you been convicted of a crime as an adult?  Yes  No If Yes, please explain: \_\_\_\_\_

(A conviction will not bar you necessarily from becoming a volunteer.)

Have you ever been involved with the child protective system or family court?  Yes  No If Yes, please explain: \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No

Do you consent to a routine check of criminal records?  Yes  No

Please list four references of people who know you well, other than relatives. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____			
2. _____			
3. _____			
4. _____			

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Rochester/Monroe County, Inc., and other appropriate agencies to provide the necessary information for them to secure the following record checks: criminal records from the court jurisdiction in which the applicant currently resides and works; state criminal records; FBI or other national criminal database; National Sex Offender Registry; child abuse registry or child protective services where permissible by law; and social security number verification. If you refuse to sign a release of information form or submit the required information or fingerprints for any of the checks required, the CASA of Rochester/Monroe County, Inc. will not accept your application.

Any applicant found to have been convicted of, or have charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or our program's credibility is not accepted as a CASA volunteer.

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 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 desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed and signed application to:

Court Appointed Special Advocates  
Hall of Justice, Room 332  
Rochester New York 14614-2115