



Court Appointed Special Advocates of Rochester/Monroe County

CASA • Hall of Justice Room 272 • 99 Exchange Blvd • Rochester, NY 14614
585-371-3981 (phone) • 585-280-5292 (fax)
www.casarochester.org

Natalie Copeland, Program Director
ncopeland@casarochester.org

Board Member Application Form

****Application must be notarized on pages 4 and 9****

Today's Date _____ Date of Birth _____

Name _____
Last First Middle Initial (Maiden)

Address _____

City _____ State _____ Zip Code _____ Time at This Address _____

Home Phone _____ Cell Phone _____

Email _____

Would you like mailings to be sent to your home or work address? home work

Employment and Volunteer Experience

Are you currently employed full-time employed part-time self-employed not employed

Position/Title _____ Length of current employment _____

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Please attach a resume, listing current and past employment and volunteer experience for at least the last 5 years. Also include educational information, including degrees or certifications attained or anticipated. Indicate if you are fluent in a language other than English. Include any training or seminars you have completed which you feel may be pertinent.

Background

Have you ever been involved in Family Court or with Foster Care? Yes No

Has there been a Child Protective Services report against you? Yes No

Please provide brief explanation(s) of any "Yes" answers on an additional page, which you may attach to this packet.

There are certain situations that would automatically eliminate a candidate for employment or as a CASA advocate or Board member: charges pending for a felony or misdemeanor involving a sex offense, child abuse and neglect, domestic violence or related case.

Note: CASA conducts a background check of prospective Board members.

References

Please list 3 personal references. Do not include family members. Choose **no more than one** reference from each category:

Current or previous employment supervisor
Teacher
Member of your place of worship

Current or previous volunteer supervisor
Friend

References

(1) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

(2) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

(3) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

How did you become aware of CASA?

What do you hope to achieve as a CASA Board member? What qualities do you possess that would make you a good Board member?

Board Member Commitment

Would you be willing to attend the prospective volunteer training program to learn more about CASA? Yes No
~ Note: Pre-Advocacy Academy is 6 weeks/30 hours and is offered 3 times per year - Winter, Spring, and Fall.

Can you commit to attending 80% of the Board meetings per year? Yes No
~ Note: Meetings take place monthly via Zoom with the exception of 2 in-person meetings.

Can you commit to making a yearly monetary contribution commensurate to your income to CASA? Yes No

Would you commit to applying your time and talents to one/some of these areas?

Board Development and Recruitment: Yes No

Finance: Yes No

Public Relations: Yes No

Long-Range Planning: Yes No

Fund Development: Yes No

Personnel: Yes No

Golf Tournament Planning Committee: Yes No

Other: _____

Completed materials should be returned to:

CASA of Rochester/Monroe County
Attention: Program Director
Hall of Justice
99 Exchange Street Room 272
Rochester, NY 14614

fax: 585-280-5292
ncopeland@casarochester.org



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Note: This form must be *notarized*.

Authorization for Release of Information

I hereby grant Court Appointed Special Advocates authorization to conduct a background check on my record, and I give permission for the release of all pertinent information held by county, state, or federal officials.

I will notify Court Appointed Special Advocates (CASA) of any misdemeanors, criminal charges, and/or moving violations attributed to my person from this day forward until which point I am no longer in the service of CASA.

Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip

Date of Birth: _____

Addresses for the last five years if different from above (include dates):

NOTARY:

Applicant Signature:

_____ Date: _____
SIGN IN FRONT OF A NOTARY PUBLIC

Sworn to before me this ____ day of _____ 20____.

Notary Public (Printed)

Notary Public (Signature)

Notary Stamp:



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CASA OF ROCHESTER/MONROE COUNTY BOARD OF DIRECTORS RESPONSIBILITIES

General Board Responsibilities

Together with other members of the Board, each Member is legally and ethically responsible for determining policy, approving the annual budget, fundraising, and establishing short- and long-term goals.

The Board is a policy-making body and has an obligation to establish policy, employ the Director, and assist the Director in long-range planning.

Specific Responsibilities of Each Board Member

- ❖ Become knowledgeable about CASA, including history, bylaws, organizational structure, and mission. To assist in this matter, Board Members should attend the CASA volunteer training program.
- ❖ Be an active advocate for CASA, spreading the CASA story throughout the community.
- ❖ Attend monthly Board meetings, be prepared to discuss issues, and make necessary decisions.
- ❖ Exercise fiduciary oversight and help to develop needed funds to support CASA.
- ❖ Support various CASA fundraising, training, and social events.
- ❖ Assume responsibility for identifying and training future Board Members and Officers.
- ❖ Support CASA of Rochester/Monroe County's fundraising efforts through yearly personal giving in accordance with one's means. At a minimum, each Board Member should contribute a cash sum of \$1 or more to CASA on a yearly basis to satisfy grant requirements, which state that Board contributions must be 100%.



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Standards for National CASA/GAL Association Member Programs

CASA Program Mission and Purpose

The primary purpose of a program that is a member of the National Court Appointed Special Advocate Association (CASA) is to represent the interests of abused and neglected children in court proceedings by providing advocacy primarily with volunteers.

CASA Program Governance

The CASA program has a governing body responsible for assuring compliance with applicable laws and regulations, adopting its policies, defining its services, guiding its development, and assuring its accountability to the courts and community. When the governing body is not itself a voluntary board of directors (as in the case of a CASA program which is under public auspices), there is a voluntary advisory council.

Graphics

The CASA program adheres to the graphic standards and requirements of the National CASA Association.

Human Resources Management

The CASA program provides a framework for recruitment, selection, retention, and effective performance of its paid personnel.

Volunteer Management

The CASA program provides a framework for recruitment, selection, training, supervision, retention, and evaluation of volunteers.

Financial, Facility, and Risk Management

The CASA program manages its affairs in accord with sound financial practices and applicable federal, state, and local statutory requirements.

Public Relations

The CASA program communicates effectively with its community and other agencies about the program.

Planning and Evaluation

The CASA program maintains management information and data necessary to plan and evaluate its services.

Record Keeping

The CASA program provides a framework for quality management of its programs and services.



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CASA OF ROCHESTER/MONROE COUNTY

Conflict of Interest Statement

No member of the CASA Board shall receive or enter into any agreement, expressed or implied, for compensation for services to be rendered in relation to any matter before CASA whereby compensation is to be dependent or contingent upon any action by CASA with respect to such matter, provided that this subsection shall not prohibit the fixing at any time of fees based upon the reasonable value of the services rendered.

To the extent he/she knows thereof, any member of the CASA Board who participates in the discussion or gives an official opinion to the Board or CASA itself on any matter or action before the Board or CASA shall publicly disclose on the official record the nature and extent of any direct or indirect financial or other private interest he/she has in such action. Where any vote is to be taken upon such matter, and the Board member has the authority to be heard and/or vote, the Board member shall refrain from commenting upon or voting upon the matter in which he/she has interest.

No Board member of CASA shall invest or hold any investment directly or indirectly in any financial, business, commercial or other private transaction that creates a conflict with his/her official duties.

I understand and agree to abide by this statement.

Signature

Printed name

Date



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Authorization for Request for Information CASA Staff, Board Members, and Volunteers

I, _____, hereby authorize the release to the Program Director of Court Appointed Special Advocates (CASA) or his or her designee by the New York State Central Register of Child Abuse and Maltreatment (SCR) of all information contained within the SCR regarding indicated reports in which I am a subject of the report, to the extent permitted by section 422(4)(A) of the Social Services Law, in relation to my request to be approved as a prospective CASA staff person or volunteer.

Following is information about me, my children and other persons residing in my current household, as well as at my previous addresses. This information is necessary to enable the SCR to conduct a thorough search of its records. I understand that the listing of these persons will not result in the release of information regarding any reports involving them in which I was not a subject of the report.

Prospective CASA Staff Member/Volunteer/Board Member:

LAST NAME	FIRST NAME	M.I.	SEX M F	DOB (mm/dd/yyyy)
MAIDEN NAME/ALIAS				
CURRENT STREET ADDRESS:	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS (SINCE 1993)	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS (SINCE 1993)	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS (SINCE 1993)	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS (SINCE 1993)	CITY	STATE	ZIP	FROM TO
PREVIOUS ADDRESS (SINCE 1993)	CITY	STATE	ZIP	FROM TO

Spouse, Children and Other Household Members of the Applicant:

LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB (mm/dd/yyyy)
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB
LAST NAME AND MAIDEN/ALIAS	FIRST NAME	M.I.	SEX M F	DOB

NOTARY:

Applicant Signature:

_____ Date: _____
SIGN IN FRONT OF A NOTARY PUBLIC

Sworn to before me this _____ day of _____ 20_____.

 Notary Public (Printed)

 Notary Public (Signature)

Notary Stamp: