



CASA of Lea County, Inc.
Court Appointed Special Advocate
Fifth Judicial District Court · Lea County, NM
215 W Broadway, Suite 9 · Hobbs, NM 88240
(575) 393-0015 · Fax (575) 433-0015

Volunteer Application Form

This volunteer application form is designed to serve the same purpose as that of an employment application. This CASA program reserves the right to make any reference checks or inquiries deemed appropriate and necessary on the suitability of any new volunteer (just as reference checks are made on new employees). We trust you will understand this in the spirit intended. **Any checks or inquiries are kept in strict confidence.** Please be aware that our standards for volunteers are high and not all people who apply will necessarily be accepted. Working with abused and/or neglected children as a CASA volunteer is extremely rewarding. We are looking forward to talking to you about becoming part of our dedicated corps of volunteers.

You may complete this form on your computer and email it to casa@mywdo.com or print it and send it to the CASA office. When emailing, you must attach the file to your email before sending. Fields in gray need your input. You can use the TAB key to quickly navigate to each field. To mark boxes, double click then select checked.

Today's Date

Personal Information

First Name *Middle Name* *Last Name* *Maiden Name*

Have you been known by any other names? _____

Address _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Cell Phone _____

May we call you at work? Yes No Times easily reached? _____
(double click box)

Social Security Number _____

Email Address _____

In case of emergency, who can we notify? _____

Emergency Phone Number _____

The National CASA Association requests the following demographic information. It will not in any way be used in determining your acceptance into the CASA program. National CASA Standards require that CASA Volunteers be at least 21-years of age. Record checks will be conducted in your current location and previous locations if you have lived outside the local area in the past 5 years.

Ethnicity _____ Birth Date _____

Place of Birth _____

In what cities have you resided in the last 5 years? _____

Marital Status _____

If married, give spouse's name and place of work.

Spouse's Name _____ Place of work _____

Children's Names	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Members of Household	Relationship
_____	_____
_____	_____
_____	_____

Do you drive? _____ Driver's License # _____
(Attach a copy of your driver's license and proof of auto insurance.)

Do you have an automobile available to you? _____

Do you have current auto insurance? _____

What is the current status of your health? _____



EDUCATION (check the highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Degrees: _____

Are you presently enrolled in school? _____

Name of school and course of study? _____

WORK/VOLUNTEER HISTORY

Are you currently employed? _____ Employed by: _____

Business Address _____

Full Time Part Time Position _____

Name and location of last employer or volunteer project?

Do you have experience working with children? Yes No

If yes, explain. (Type of activity/ages of children/professional or volunteer)

List other current community activities and memberships in clubs, churches, other

Languages spoken: _____

Hobbies/Special Interests: _____

Do you have training or experience in any of the following? (Mark all that apply.)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug/Alcohol Abuse Programs | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Education | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Psychology | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Art/Graphic Design |
| <input type="checkbox"/> Writing | <input type="checkbox"/> News/Media | <input type="checkbox"/> Public Speaking | |



Have you ever been arrested? yes no If yes, explain below.

How were you made aware of this program? _____

Briefly explain what led you to apply as a volunteer for the CASA program? What attracted you to this particular program?

Are you aware you will be required to complete a 30 hour initial training? _____

Will you be willing and/or able to participate in ongoing training and court appearances?

yes no If no, please explain why.

Do you have any personal/employment constraints that may restrict your time?
If yes, explain.

REFERENCES

List three personal references not related to you. If you are employed, one reference should be from your employer. Others examples: minister, teacher, therapist, etc.

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Home/cell) _____

Email Address: _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Home/cell) _____

Email Address: _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Home/cell) _____

Email Address: _____

PART TWO

Write a brief essay or paragraph on one of the following questions.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain your philosophy of parenting including the rights and responsibilities of both parents and children.
3. Briefly explain what role you believe society should play in: a) Protecting the rights of children b) Helping a family overcome hardships and remain living together as one unit.
4. Write a brief autobiography.

Equal Opportunity Statement

It is the policy of CASA of Lea County to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.

CASA of Lea County Pre-Service Screening Policy

I am interested in becoming a CASA volunteer and know of no reason why I should not be assigned a child in the program. I am aware the children in the CASA program have been abused, neglected or abandoned by adults, and since I do not want to be another disappointment to a child, I agree to a minimum commitment of one year (5-15 hours per month) to the child(ren) to whom I am assigned.

As an applicant to volunteer for CASA of Lea County, I understand and acknowledge that:

1. I understand that I must interview with CASA of Lea County staff prior to being considered for acceptance into this program.
2. As part of CASA's policy, additional personal information will be gathered during the pre-interview process: application, 3 letters of reference, copies of current driver's license, and valid auto insurance. In addition,
3. A Child Abuse/Neglect Central Registry check and a criminal background check will be run on each applicant. The following will exclude an applicant from becoming a CASA of Lea County volunteer: Criminal history (including guilty pleas, pleas of no contest, acceptance of deferred adjudication, and charges, whether pending or not, and regardless of whether an offense is classified as a felony or misdemeanor) involving violence, child abuse or neglect, or sex- or drug-related offenses of an individual or of someone with whom the individual resides or regularly comes into contact, as well as any criminal history involving offenses classified as felonies, will preclude an individual from serving as a volunteer and may preclude an individual from serving as an employee. Driving while intoxicated convictions (including guilty pleas and pleas of no contest) or charges may disqualify individuals from positions involving driving.
4. I understand that participation in the pre-service volunteer training is required and essential, and including at least 30 hours of training.
5. I am aware that the Pre-Service Training Class is part of the screening process, and that acceptance to participate in Training does not guarantee that I will be sworn in as a CASA or that I will be assigned to a case. I further understand that either CASA or I can choose to discontinue my involvement in the Training/Screening process at any time without further obligation on part of either party. Should either CASA of Lea County or I discontinue my involvement with CASA of Lea County during the training session, I am required to return the volunteer training manual.
6. Attendance to the pre-service training: I understand that I will be required to make-up any missed training session before I can qualify to be sworn in or volunteer with CASA of Lea County. In addition should it become necessary for me to miss a session, will make every effort to notify the training facilitator prior to the missed session.

As an applicant to CASA of Lea County, I FURTHER understand and acknowledge that:

7. I am not obligated, if called upon, to accept a case herein applied for and that;
8. CASA is not obligated, if called upon, to actively seek to assign me a case, and that;
9. I understand that I will need to carry liability insurance on my car. I agree to maintain this minimum liability insurance throughout my participation with CASA. I understand that I must have proof of liability insurance in the CASA volunteer file, and that;

10. As part of CASA's policy, additional personal information will be gathered during the pre-interview process, and that;
11. CASA of Lea County retains the right to refuse any individual they feel would not be in the best interest of the program and further, CASA is not required to state reason(s) for non-acceptance into the program, and that;
12. CASA of Lea County will hold all information in the volunteer's file in the strictest of confidence. Such information becomes the property of CASA of Lea County and that;
13. I give permission to CASA of Lea County to release information about my application, acceptance, and/or participation in this program to any other CASA program to which I may apply in the future.

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that completing and returning this application does not automatically guarantee that I will be accepted for the CASA of Lea County Program. I hereby authorize CASA of Lea County to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Falsifying and/or knowingly misrepresenting any information in this application or refusal to sign this release are grounds for denying the application or dismissing the volunteer. I understand that if, during the process and background checks, something is found that is not on the application that could be automatic grounds for not being accepted into the CASA program.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of 12 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA office 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 volunteer. I will discuss CASA case matters only with those persons who are directly involved in the case or who will be consulted for their professional knowledge and expertise.

Signature: _____ Date: _____

Please attach any additional information you want to submit and return completed application to:

CASA of Lea County
215 W. Broadway, Suite 9
Hobbs, NM 88240
 Phone: (575) 393-0015
 Fax: (575) 433-0015

casa@mywdo.com
www.nationalcasa.org
www.casaofleacounty.org

*(The following forms need to be **notarized** before returning to the CASA office.)*





CASA of Lea County, Inc.
215 W. Broadway, Suite 9
Hobbs, NM 88240
(575) 393-0015 · FAX (575) 433-0015

Department of Public Safety · PO Box 1628 · Santa Fe, NM 87504-1628

Authorization for Release of Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Maiden Name</i>
Pursuant to NMSA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico arrest record information act, hereby appoint:			
CASA of Lea County		215 W Broadway, Suite 9, Hobbs, NM 88240	
Name (Must be printed) (if no agent, print, "self")		Address	

As an authorized agent for me for the purpose of inspecting (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety, including information concerning felony or misdemeanor arrests and information obtained from relevant fingerprint databases.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above.

I hereby release the custodian or custodians of such records and the Department of Public Safety and the state of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representatives or any nature because of compliance by said custodian or custodians with this "authorization for release of information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future and is valid for a period of up to 120 days from the date signed,, on my heirs, assigns, associates, personal representative or representatives of any nature.

<i>Signature (Must be signed when notarized)</i>	<i>Date Signed</i>
<i>(Attn: Notary ensure that the document is signed in your presence and name, date of birth is verified with a valid ID).</i>	

SUBSCRIBED AND SWORN before me this _____ day of _____, 2_____.

Notary Public	My Commission Expires
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Authorization to Inspect/Obtain Police Department Criminal Arrest Records

The foregoing will authorize my representative, Ann Murdock, Volunteer Coordinator of CASA of Lea County, to inspect and/or obtain copies of all arrest information only, concerning me, if any, filed with the _____ Police Department and National Crime Information Center.

I agree to indemnify and hold harmless the City of _____, the Police Department and any of its employees against any liability as a result of my representative reviewing and/or receiving any arrest information concerning me on file with the _____ Police Department.

Last Name First Name Middle Name Maiden & other married Name

Signature (Must be signed when notarized) Date signed

Date of Birth

Social Security Number Driver's License Number

Street Address City/State/Zip

(Attn: Notary ensure that the document is signed in your presence and name, date of birth is verified with a valid ID).

SUBSCRIBED AND SWORN before me this _____ day of _____, 2____.

Notary Public

My Commission Expires





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**Authorization to Inspect/Obtain Records from
Children, Youth, and Families Department
For Personal Reference Check**

The foregoing will authorize my representative, Ann Murdock, Volunteer Coordinator of CASA of Lea County, to inspect and/or obtain any or all records filed with Children, Youth, and Families Department (CYFD).

I agree to indemnify and hold harmless CYFD and any of its employees against any liability as a result of my representative reviewing and/or receiving information concerning me on file with CYFD.

Last Name *First Name* *Middle Name* *Maiden & other married Names*

Signature (Must be signed when notarized) *Date signed*

Date of Birth *Social Security Number*

Street Address *City/State/Zip*

(Attn: Notary ensure that the document is signed in your presence and name, date of birth is verified with a valid ID).

SUBSCRIBED AND SWORN before me this _____ day of _____, 2_____.

Notary Public

My Commission Expires





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AUTHORIZATION/CONSENT – Background Check from ChoicePoint

During the application process and at any time during the tenure of my volunteer service with CASA of Lea County, Inc., I hereby authorize ChoicePoint Services Inc., on behalf of CASA of Lea County, Inc. to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Signature (Must be signed when notarized)

Date signed

*Date of Birth**

*Social Security Number**

Last Name

First Name

Middle Name

Maiden & other married Names

Street Address

City/State/Zip

Phone

*Driver's License Number**

**For identification purposes only.*

(Attn: Notary ensure that the document is signed in your presence and name, date of birth is verified with a valid ID).

SUBSCRIBED AND SWORN before me this _____ day of _____, 2_____.

Notary Public

My Commission Expires

