



STATE OF ALASKA
 OFFICE OF PUBLIC ADVOCACY
Alaska CASA Program

900 W. 5th Ave. Ste. 525
 Anchorage, AK 99501
 Phone: 907/269-3500
 Fax: 907/269-3535
 Toll Free 1-877-957-3500
 www.alaskacasa.org

VOLUNTEER APPLICATION

NAME: _____

MAILING ADDRESS: _____ PHONE: _____

WORK PHONE: _____ May we call you at work? Yes _____ No _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

Are you at least 21 years of age? Yes _____ No _____ SEX: F _____ M _____

Emergency Contact Name: _____ Phone: _____

WORK/VOLUNTEER EXPERIENCE

Tell us about your work experience, both paid and volunteer. Start with your current position and list in reverse chronological order your employment for the last five years.

<u>Dates</u>	<u>Employer/Organization</u>	<u>Job Title</u>

EDUCATION

HIGH SCHOOL GRADUATE: YES NO COLLEGE DEGREE: YES NO

LIST DEGREE OR AREAS OF STUDY: _____

Anchorage CASA Program
 900 W. 5th Avenue, Suite 525
 Anchorage, AK 99501
 Phone: 907/334-2678
 Fax : 907/269-3535
 CASA-Anchorage@alaska.gov

Fairbanks CASA Program
 100 Cushman St., Suite 502
 Fairbanks, AK 99701
 Phone: 907/451-2812
 Fax: 907/451-2868
 CASA-Fairbanks@alaska.gov

Juneau CASA Program
 P.O. Box 110225
 Juneau, AK 998111
 Phone: 907/465-2268
 Fax: 907/465-3645
 CASA-Juneau@alaska.gov

Valley CASA Program
 808 S. Bailey Street, Suite 103
 Palmer, AK 99645
 Phone: 907/746-0547
 Fax: 907/746-0594
 CASA-Valley@alaska.gov



PRELIMINARY SCREENING/BACKGROUND INFORMATION

Do you agree to fingerprinting and child protection records check? _____

Have you ever been investigated, charged with or convicted of a crime? (Please include any convictions that were a suspended imposition of sentence). Yes ___ No ___ If yes, please explain and give approximate dates: _____

Have you ever been the subject of a child abuse/neglect investigation? Yes _____ No _____

If yes, please explain and give approximate dates: _____

Have you ever been a client of the Office of Public Advocacy? Yes _____ No _____

If yes, please explain and give approximate dates: _____

Other than the above, is there any fact or circumstance involving you or your background that would call into question your appropriateness to work with children. If yes, please explain:

Any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving a sex offense, child abuse/neglect, or related acts that would pose risks to children or damage the Alaska CASA Program's credibility will not be accepted as a CASA volunteer.

Has your driver's license ever been suspended or revoked? If yes, please explain, and give approximate dates: _____

Current health status: _____

Do you have any disabilities that require special assistance from the Alaska CASA Program in order for you to participate as a CASA volunteer? (i.e. sign language interpreter, wheelchair access, etc.) If yes, please state need: _____

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REFERENCES

Please list four references with complete mailing address and zip code. Include present employer and you can include one relative. **Please print legibly.**

1. Name: _____

Address: _____
City State Zip

Phone: _____ Relationship: _____

2. Name: _____

Address: _____
City State Zip

Phone: _____ Relationship: _____

3. Name: _____

Address: _____
City State Zip

Phone: _____ Relationship: _____

4. Name: _____

Address: _____
City State Zip

Phone: _____ Relationship: _____

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STATEMENT REGARDING APPLICANT'S ACCESS TO REFERENCES

I, _____ (applicant's name.) hereby waive my right to review my letters of reference now or at any time in the future. I understand that, once signed, this agreement is irrevocable. (The absence of my signature conveys that I have retained my right to review my letters of reference).
Signature _____ Date _____

STATEMENT OF REQUIRED TRAINING

If accepted into the Court Appointed Special Advocate (CASA) program, I agree to attend the CASA volunteer pre-service (core) training as required, and understand that I cannot assume the duties of a CASA volunteer until I successfully complete the pre-service training.

STATEMENT OF VOLUNTEER SERVICE

I understand that information contained in this application is for use by the Alaska CASA Program to provide volunteer services to children under the jurisdiction of the Alaska Court. I agree to a police record check, fingerprinting and OCS central registry check. I agree to inform the CASA program if I have been investigated, charged with or convicted of a crime at any time during my involvement with the CASA program. I understand that I must maintain current, individual automobile liability coverage if I use my car for any CASA volunteer activity.

I wish to apply to become a Court Appointed Special Advocate with the Alaska CASA Program. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. Information on this application may be shared with other organizations if any indication of risk to children is present. I understand that I am not obligated, if called upon, to perform volunteer services, and the program is not obligated to use my services. I declare that the above is true and correct to the best of my knowledge. I will assume all risk and injury to myself while rendering my volunteer service.

STATEMENT OF CONFIDENTIALITY

I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. Information on this application may be shared with other organizations if any indication of risk to children is present. I understand that I am not obligated, if called upon, to perform volunteer services, and the program is not obligated to use my services. I declare that the above is true and correct to the best of my knowledge. I will assume all risk and injury to myself while rendering my volunteer service.

I have read and understand the STATEMENT OF REQUIRED TRAINING, STATEMENT OF VOLUNTEER SERVICE, and STATEMENT OF CONFIDENTIALITY. I certify that I am over 21 years of age and have a high school diploma or equivalency.

SIGNATURE: _____ DATE: _____

I plan to attend/attended an information meeting on (DATE): _____

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