



STATE OF ALASKA
 OFFICE OF PUBLIC ADVOCACY
Alaska CASA Program

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 Anchorage, AK 99501
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 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: _____

FAX: _____ 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: _____

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 Anchorage 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: _____

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.

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 an informational meeting on (DATE): _____

