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Phone: 907-269-3513

www.alaskacasa.org
AlaskaCASA@alaska.gov

CASA Volunteer Application

Please fill out completely and email to your local CASA Program

Name: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Best way to reach you: _____

Gender: _____ Are you at least 21 years of age? _____

Emergency Contact Name: _____ Phone: _____

COMMITMENT

Are you committed to meeting the following requirements as a CASA volunteer?

- ✓ Contact with the child twice per month
- ✓ Communicate regularly with staff
- ✓ Participate in court hearings and other case meetings
- ✓ Complete monthly reporting requirements
- ✓ Remain an active advocate until case closure

WORK/VOLUNTEER EXPERIENCE

List your work experience, paid and volunteer, for the last five years starting with your current or most recent position.

Dates	Employer/Organization	Job Title

EDUCATION/TRAINING

High school graduate or equivalent? _____ College degree? _____ Degree: _____

Other training or skills: _____

TELL US ABOUT YOURSELF

Write about your life history. Include: what influenced your decision to become a CASA volunteer; any specific skills, qualifications, and experience working with children and youth; and your exposure to people of various backgrounds and cultures. Do not substitute a resume for this written autobiography.

PRELIMINARY SCREENING/BACKGROUND INFORMATION

Do you consent to child protection (CP), sex offender, DMV, and criminal background records, and police department checks?

Have you ever been investigated, charged with, or convicted of a crime? (Include any convictions that were suspended imposition of sentence)

If yes, briefly explain and give appropriate dates: _____

Have you, or any family member, ever had involvement from the Office of Children's Services (OCS) or any other child protection services (CPS) agency (*i.e. employed by, reported for abuse/neglect, served as a foster parent, been a foster child*)?

If yes, briefly explain and give appropriate dates: _____

Have you ever been a client of the Office of Public Advocacy (OPA)?

If yes, briefly explain and give appropriate dates: _____

Please note: 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 credibility of the CASA program will not be accepted as a CASA volunteer. If a child protection check reveals that an applicant has ever had their own children removed or taken into custody by OCS they cannot serve as a CASA volunteer. If the CP check reveals an investigation or substantiation of child abuse/neglect, the Program Coordinator and State Director will look further into the report and make a determination on whether the applicant can participate in training. With the exception of being served by the Child Advocacy Unity of OPA, any applicant who is a former client of OPA will automatically be disqualified from moving forward in the application process.

REFERENCES

List four references unrelated to you with complete contact information. Include your current employer.

Name: _____ Agency: _____

Email: _____ Phone: _____ Relationship: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Agency: _____

Email: _____ Phone: _____ Relationship: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Agency: _____

Email: _____ Phone: _____ Relationship: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Agency: _____

Email: _____ Phone: _____ Relationship: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

VOLUNTEER ACKNOWLEDGEMENT FORM

I hereby certify that the information contained in this application is correct and accurate to the best of my knowledge. I understand that by submitting this application I authorize the CASA program to make inquiries to any source listed in this application concerning my suitability as a CASA volunteer.

I understand that all information provided to an obtained by the CASA program will be held in the strictest confidence. The CASA program may, however, disclose to other agencies and organizations that utilize volunteers the fact that I applied for and/or served with the CASA program as a volunteer. Furthermore, all information obtained by the CASA program will be deemed to be the sole property of the Office of Public Advocacy (OPA), and shall not be made available to me or anyone outside of the agency.

I understand volunteers accepted into training are required to sign a release of information submitting to criminal background, sex offender, DMV, child protection, and police department checks. I understand that should I refuse to sign a release of information, the CASA program reserves the right to reject me as an applicant at any time, including before, during, or after the training process. I understand and agree that I am not obligated, if called upon, to perform services as a CASA volunteer and that the CASA program is not obligated to assign or actively seek to assign a case to me. I agree to inform the CASA program, in writing, 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 and provide proof of such to the CASA program if I use my personal vehicle for any CASA volunteer activity.

I understand the criteria used in the selection of volunteer are designed to ensure that the individual is able to meet the responsibility of a CASA volunteer. I understand that no individual will be rejected because of race, color, religious creed, national origin, gender, age, or disability.

Name: _____

Signature: _____
(if submitted electronically, typed name serves as signature)

Date: _____

IMAGE RELEASE

I hereby authorize and consent Alaska CASA or the CASA program to use and reproduce photographs and any other media taken of me for printed promotional material, educational activities, exhibitions or for any other use for the benefit of the program, including, but not limited to, online social media communications such as postings on Facebook and Twitter. I understand that I may revoke this authorization at any time by notifying the CASA program in writing.

Signature: _____
(if submitted electronically, typed name serves as signature)

Date: _____

PLEASE EMAIL YOUR COMPLETED APPLICATION TO YOUR LOCAL PROGRAM

AnchorageCASA@alaska.gov

FairbanksCASA@alaska.gov

JuneauCASA@alaska.gov

ValleyCASA@alaska.gov