

Umatilla Morrow County Head Start, Inc.

CASA VOLUNTEER APPLICATION FORM

Date: _____

Name (Print): _____

Address: _____

City, State, Zip: _____

How long have you lived in Oregon: _____

Home Telephone: _____ Work/Message Phone: _____

E-mail: _____

Date of Birth: _____

Ethnic Background:

Asian American African-American Caucasian Hispanic/Latino
 Native American Other _____

Ages of children and others in your home: _____

Current agency and/or board affiliations: _____

Previous agency and/or board affiliations: _____

Do you speak a foreign language? _____ List Languages _____

How did you hear about the CASA Program?

Describe the strengths you would bring to working with children, e.g. past volunteer and/or work experience, skills, training, education, and other special qualifications and personal characteristics that would enhance your ability to advocate for children.

What would be the most difficult challenge for you if you were to be put in a position of advocating for “at risk” and abused children?

Are there any special considerations of which we should be aware regarding your potential participation in the CASA Program?

Are you willing to commit to one (1) to two (2) years of volunteer service?
 Yes No

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer?

Have you ever been convicted of a crime other than a traffic violation?
 Yes No

If you answered yes, please complete the following information?
Charges (s)?

Conviction Date(s)?

Location (s)?

Are you prepared to complete 35-40hours of pre-service training and a minimum of 12 hours per year of in-service training? Yes No

Reason for Rejecting an Application Please be advised, UMCHS CASA reserves the right to refuse entry to the program to anyone. Reasons for rejecting an application to become a volunteer for UMCHS CASA may include but are not limited to:

- the application is incomplete, inaccurate, or otherwise unsatisfactory;
- the applicant failed to sign a release of information for appropriate law enforcement and reference checks;
- references are not returned or are unsatisfactory;
- criminal records and/or DHS check is unsatisfactory;
- the applicant has abuse/neglect allegations, is currently involved or potentially involved with the Department of Human Services (DHS), has pending litigation as a victim or survivor of abuse, is currently in treatment for substance abuse, has physically, sexually or emotionally abused or exploited a child, or related acts that would pose a risk to children or the CASA program's credibility, holds values in conflict with UMCHS's core values, or is otherwise deemed unsuitable;
- the applicant has falsified or misrepresented written or other information;
- the applicant has been sanctioned or faces disciplinary action by a professional licensing or other governing body;
- existence of a conflict of interest which cannot be resolved;
- in the estimation of CASA staff, it becomes apparent through the training process that the applicant will be incapable of fulfilling the role of a volunteer for CASA of Marion County, Inc.;
- failure to complete required pre-service training; or
- any other reason which exists that gives UMCHS CASA cause for concern regarding the applicant's ability to perform the tasks associated with being a volunteer.

References

Please list three people application who would be able to provide a knowledgeable reference for you. Please include at least one person who knows you in a professional capacity such as education, employer, relative, pastor or community service personnel. Please distribute the enclosed reference forms (and addressed envelopes) to those listed and have them return directly by mail to:

UMCHS, Attn: CASA of Umatilla County, 110 NE 4th, Hermiston, OR 97838

1.

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Relationship _____

2.

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Relationship _____

3.

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Relationship _____

I, _____
Hereby affirm that all of the answers provided on my volunteer application are true. I authorize Umatilla Morrow County Head Start, Inc. and any law enforcement agency or service they utilize 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 my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of two (2) years in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program manager 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 CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

Name (please print)

Signature

Date

Umatilla Morrow Head Start, Inc. does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment or in volunteering.

**Umatilla Morrow County Head Start, Inc.
CASA Program**

**Please send completed letter of reference directly to the CASA office: UMCHS,
Attn: CASA, 110 NE 4th, Hermiston, OR 97838**

Letter of Reference for: _____

The above named person has applied to be a Court Appointed Special Advocate (CASA) volunteer in Umatilla County and has given your name as a reference. We would appreciate your answers to the following questions regarding the applicant, plus any additional information indicating their ability to serve as an advocate for children and/or families. All information you provide is strictly confidential.

| |
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| HOW LONG HAVE YOU KNOWN THE APPLICANT? IN WHAT CAPACITY? |
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| DO YOU BELIEVE THE APPLICANT TO BE IN GOOD PHYSICAL AND MENTAL HEALTH? |
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| DO YOU CONSIDER THE APPLICANT TO BE RELIABLE AND RESPONSIBLE? |
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| WOULD YOU WANT THE APPLICANT TO BE AN ADVOCATE FOR YOUR CHILD? WHY OR WHY NOT? |
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Please rate the applicant on the following by circling the number nearest your assessment. If you have not observed the applicant in relation to that quality, circle N.

| | | Low | | | | High |
|-----|---|-----|---|---|---|------|
| 1. | Ability to use confidential information appropriately. | 1 | 2 | 3 | 4 | 5 N |
| 2. | Ability to remain objective in crisis or conflict situations. | 1 | 2 | 3 | 4 | 5 N |
| 3. | Ability to reach conclusions independently. | 1 | 2 | 3 | 4 | 5 N |
| 4. | Respect for others with widely differing views/values from own. | 1 | 2 | 3 | 4 | 5 N |
| 5. | Ability to problem solve. | 1 | 2 | 3 | 4 | 5 N |
| 6. | Carries out assignments in a timely manner. | 1 | 2 | 3 | 4 | 5 N |
| 7. | Verbal communication skills. | 1 | 2 | 3 | 4 | 5 N |
| 8. | Written communication skills. | 1 | 2 | 3 | 4 | 5 N |
| 9. | Relational skills and listening ability. | 1 | 2 | 3 | 4 | 5 N |
| 10. | Maturity and stability. | 1 | 2 | 3 | 4 | 5 N |
| 11. | Openness to learning. | 1 | 2 | 3 | 4 | 5 N |
| 12. | Concern for children. | 1 | 2 | 3 | 4 | 5 N |
| 13. | Completes projects and fulfills commitments. | 1 | 2 | 3 | 4 | 5 N |

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| PLEASE COMMENT ABOUT SKILLS/QUALIFICATIONS THE APPLICANT POSSESSES WHICH MAY BE OF SPECIFIC VALUE IN THEIR WORK AS A CASA VOLUNTEER. | |
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| DO YOU HAVE ANY CONCERNS ABOUT THE APPLICANT WORKING AS A CASA VOLUNTEER? | |
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| WOULD YOU LIKE TO DISCUSS ANY OF THIS INFORMATION PERSONALLY WITH THE CASA STAFF? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|-------------|
| Signature: |
| Print Name: |
| Occupation: |
| Date: |

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Yes
 No

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| Print Name: |
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