

CASA of Champaign County

Volunteer Application



CASA

Court Appointed Special Advocates

FOR CHILDREN

Please complete and return to:

CASA of Champaign County

154C Lincoln Square

Urbana, IL 61801-3338

PERSONAL INFORMATION

NAME:	EMAIL:	
ADDRESS:	CITY/STATE/ZIP:	PHONE: h) w) c)
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	

INFORMATION FOR BACKGROUND CHECK

SOCIAL SECURITY#:	DATE OF BIRTH:	DRIVERS LICENSE #:
		STATE ISSUED:

EMPLOYMENT

EMPLOYER:	MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:
ADDRESS:	CITY/STATE:	ZIP CODE:

Write a brief description of your work:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

EDUCATION

Highest year of school completed: _____

Are you presently attending school: Yes No

Do you speak a language other than English: Yes No

If yes, which language: _____

VOLUNTEER EXPERIENCE

List your current and previous volunteer work:

AVAILABILITY

Are you willing to commit to two years of volunteer service: Yes No

How many hours per week are you available? _____

What days and hours of the weeks are you available? _____

Do you have access to a car: Yes No

As a CASA volunteer you will be required to attend court hearings for children you represent.

With sufficient lead time, will you be able to arrange your schedule to attend these hearings:

Yes No

REFERENCES

Please list no more than one family member

NAME	ADDRESS/CITY/STATE/ZIP	PHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

CRIMINAL HISTORY

Have you ever been convicted of a felony or child abuse/neglect? Yes No

If yes, what charge? _____ Date: _____ Location: _____

Have you ever been the subject of an Indicated Report of child abuse/neglect? Yes No

As part of the application process, you will be required to submit to a background check which will include a check of the Child Abuse and Neglect Tracking System (CANTS) and the Law Enforcement Agency Data System (LEADS).

ESSAY QUESTIONS

How did you learn about the CASA program?

Why are you interested in becoming a CASA Volunteer?

What do you hope to gain from this experience?

ESSAY QUESTIONS (cont'd)

What do you consider the top 4 parental responsibilities and why?

1. _____
2. _____
3. _____
4. _____

Do you believe society has a responsibility in protecting the rights of children and helping families overcome hardships in order to remain together as a family unit?

What experience or knowledge of children and families do you have that will assist you in determining what may be in a child's best interests? (parenting, child care, etc.)

Briefly describe any experience you have had with social service agencies as a staff person, foster parent, volunteer or client:

ESSAY QUESTIONS (cont'd)

Describe any strong interests, knowledge areas, hobbies or special skills that you could offer as a volunteer:

Authorization for Background Check

Any applicant convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or to the CASA program's credibility is not eligible to be a CASA volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA program and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

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 ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature

Date

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:
Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

Signed _____ Date _____

Please type, use bold letters or label:



_____ (Agency Name)
_____ (Contact Person)
_____ (Address)
_____ (City/State/Zip)



(Submitting Agency Fax Number) 217-384-6450

ATTN: RUSH RECORD