



## HENRICO COUNTY COURT APPOINTED SPECIAL ADVOCATES (CASA) VOLUNTEER APPLICATION

HCASA is an equal opportunity, affirmative action organization providing access to services and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability.

Applicant Information		
Name:		CASA volunteers must be 21 years old. DOB:
Physical Address:		
City:	State:	ZIP:
How long? _____ If less than 7 years in Virginia, please list out-of-state addresses for the last 7 years.		
Phone:	Email:	
Emergency Contact		
Name:	Phone:	
Employment Information		
Employer/Occupation:		
Address:		
Phone:	May you be called at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor:
Please give a brief description of your work:		
Personal Information		
Schools attended and Degrees earned:		
Do you speak a language other than English? If yes, please list those languages:		
Current and previous volunteer experience over the last five years:		
Hobbies:		

**Personal Information (Continued)**

How did you become aware of Henrico CASA?

Name of person who referred you:

Have you ever worked with another CASA Program?

Yes  No

Location:

Will you be able to complete the required CASA pre-service training (36 total hours + 3 hours courtroom observation)?

Yes  No

As a CASA volunteer, will you be able to participate in ongoing training? Yes  No

As a CASA volunteer, will you be able to attend court appearances? Yes  No

Will you be able to make a one-year commitment to CASA? Yes  No

As a CASA volunteer, you will need computer skills to prepare and submit reports.

Do you have access to a computer? Yes  No

Are you skilled in the use of Microsoft Word? Yes  No

Do you have an email account? Yes  No

What strengths do you feel you will bring to this program?

**Writing Sample**

A CASA advocate is required to prepare a written report for the court. Please provide a writing sample of 500 words or less, in English, to address why you would like to volunteer with Henrico CASA at this point in your life.

**References**

Please list 3 references of people **unrelated** to you who know you well, preferably people for whom you have worked either in a paid or unpaid capacity. Please list complete addresses, including zip codes.

Name:	Address and Email:	Phone:

## Background Checks

Do you have any court cases pending in Henrico County? Yes  No

Do you have any court cases pending in any court? Yes  No

Please disclose **all** criminal/legal offenses of which you have been charged as an adult or juvenile and the disposition of these offenses:

Will you grant the program the authority to follow up on this information: Yes  No

This information may or may not preclude you from becoming a volunteer, but the information will be considered. NOTE: Your application will be rejected if you have been convicted of, or have charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose a risk to children or the CASA program's credibility.

I understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by my signature on this application I authorize Henrico CASA and other appropriate agencies to secure an FBI fingerprint check or national criminal database check, state criminal check, and local criminal check where the applicant resides and works, national sex offender registry check, motor vehicles division record check with a Social Security Number verification, and local child protective services check as appropriate and permissible by Virginia State. If the applicant has lived in another state within the past seven years, Henrico CASA will conduct a child protective services record check and a criminal record check in that county and state where allowed by law. All information will be held in strictest confidence.

Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of Court Appointed Special Advocate.

Signature of Applicant:

Date:

Please mail or fax this application to: Program Manager  
Henrico CASA  
3001 Hungary Spring Road, Suite A  
Henrico, VA 23228

804-501-1673  
804-501-2574 - Fax

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