



Champaign County CASA, Inc.
154C Lincoln Square
Urbana, Illinois 61801-3338
Phone: (217) 384-9065
Fax: (217) 384-6450
Email: chcocasa@aol.com
Internet: www.chcocasa.org

Court Appointed Special Advocate (CASA) Application

(Please Print)

Name: _____

Address: _____

Home Phone: _____ (Cell/Mobile) _____

Work Phone: _____ May you be called at work? Yes___ No___

Fax Number(s): (H) _____ (W) _____

Email Address: (H) _____ (W) _____

In case of an emergency, please contact: (Name) _____

(Emergency Contact Phone) _____ (Relationship) _____

Social Security Number: _____ - _____ - _____

How long have you lived in Champaign County? _____

Are you over the age of 21? Yes___ No___ Occupation: _____

Do you drive? Yes___ No___ Do you have an automobile available to you? Yes___ No___

Driver's License Number/State _____

YOUR EDUCATION (circle the highest grade completed)

High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree: _____

Are you presently enrolled in school? _____

If yes, name school and course of study: _____

WORK AND VOLUNTEER HISTORY (Use another sheet if necessary)

Name and Address of CURRENT employer: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

Name and Address of PREVIOUS employer: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

List your current community activities and memberships in clubs, church and other organizations:

Languages Spoken: _____

Hobbies/Special Interests: _____

How did you learn about the CASA Program? _____

CASA INVOLVEMENT: Initial training involves 40 hours of class, reading, and court watching. Once you have a case, we require regular reports of your activities and regular contact with the parties of your case. This may require anywhere from 2-10 hours per week. We ask that you serve a minimum of two years as a CASA.

List personal qualities that you feel will serve you well as a volunteer: _____

Approximately how much time can you contribute weekly as a CASA volunteer? _____

Will you honor the time commitment for the volunteer program? _____

Briefly explain why you want to work with the CASA Program: _____

Do you have any experience or training in any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Education |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Criminology |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Advertising or Public Relations |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> News Media |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Art or Graphics |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Other: _____ |

If you answered yes, please describe:

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

If yes, what charge? _____

Please explain: _____

Date of Arrest/Disposition: _____ Where? _____

Have you ever been the subject of an Indicated Report of child abuse/neglect? _____

Acceptance into our CASA program is contingent upon background/reference checks

PERSONAL REFERENCES (If you are employed, one reference should be from your employer)

Name of Reference (please print) _____

Address _____

City, State, Zip _____

Home/Work Phone (please specify) _____

Relationship _____

Name of Reference (please print) _____

Address _____

City, State, Zip _____

Home/Work Phone (please specify) _____

Relationship _____

Name of Reference (please print) _____

Address _____

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AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my CASA volunteer application are true. I hereby authorize the Champaign County CASA Program to investigate my background to determine my fitness as a potential volunteer. I hereby authorize a representative of the Champaign County CASA Inc. to conduct an investigation into my background in conjunction with their official duties.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. I also understand that the program director has the right to deny this application based on that determination. All corporations, companies, credit agencies, financial institutions, educational institutions, persons, law enforcement agencies, courts, former employers, child welfare agencies, hospitals, physicians, drug and alcohol treatment programs, women's shelters, social workers, and military services are hereby authorized and directed to release all written and verbal information about me. I hereby release all such individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability whatsoever associated with the dissemination of such information pertaining to me.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of two years in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director 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 volunteer. I will discuss these matters only with those persons directly involved in the case or those who will be consulted for their professional knowledge and expertise.

Full name (please print) _____

Signature _____

Date: _____

Date of Birth: _____ Gender: Male Female

Ethnicity: _____

Driver's License #: _____



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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

List all addresses at which you have resided in the past five years:

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 mold letters or label:

Champaign County CASA (Agency Name)

R.Rush Record, Executive Director (Contact Person)

154C Lincoln Square (Address)

Urbana, IL 61801-3338 (City/State/Zip)

