



**COURT APPOINTED SPECIAL ADVOCATE  
VOLUNTEER APPLICATION**

**Utkeagvik Court Appointed Special Advocate Program**

**P.O.Box 1130**

**Barrow, Alaska 99723**

**907-852-4491 phone**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DOB: \_\_\_-\_\_\_-\_\_\_ SEX: F\_\_\_ M\_\_\_ BILINGUAL YES\_\_\_ NO\_\_\_

If yes languages spoken \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**WORK/VOLUNTEER EXPERIENCE**

Tell us about your work experience, both paid and volunteer. Start with your current position and list in reverse chronological order your employment for the last five years.

<u>Dates</u>	<u>Employer/Organization</u>	<u>Job Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**PRELIMINARY SCREENING/BACKGROUND INFORMATION**

Do you agree to fingerprinting and child protection records check? \_\_\_\_\_

Have you ever been investigated, charged with or convicted of a crime? (Please include any convictions that were a suspended imposition of sentence). Yes \_\_\_ No \_\_\_ If yes, please explain and give approximate dates: \_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of a child abuse/neglect investigation? Yes \_\_\_ No \_\_\_

If yes, please explain and give approximate dates: \_\_\_\_\_

\_\_\_\_\_

Have you ever been a client of the Native Village of Barrow's Social Services? Yes \_\_\_ No \_\_\_

If yes, please explain and give approximate dates: \_\_\_\_\_

\_\_\_\_\_

Other than the above, is there any fact or circumstance involving you or your background that would call into question your appropriateness to work with children. If yes please explain:

\_\_\_\_\_

\_\_\_\_\_

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 Utkeagvik CASA Program's credibility will not be accepted as a CASA volunteer.

Has your driver's license ever been suspended or revoked? If yes, please explain, and give approximate dates: \_\_\_\_\_

\_\_\_\_\_

Current health status: \_\_\_\_\_

Do you have any disabilities that require special assistance from the Utkeagvik CASA Program in order to participate as a CASA volunteer? ( i.e. sign language interpreter, wheelchair access, etc.) If yes, please state need: \_\_\_\_\_

\_\_\_\_\_

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## REFERENCES

Please list four references with complete mailing address and zip code. Include present employer and you can include one relative.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## STATEMENT REGARDING APPLICANT'S ACCESS TO REFERENCES

I, \_\_\_\_\_ (applicant's name,) hereby waive my right to review my letters of reference now or at any time in the future. I understand that, once signed, this agreement is irrevocable. (The absence of my signature conveys that I have retained my right to review my letters of reference).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF REQUIRED TRAINING

If accepted into the Court Appointed Special Advocate (CASA) program, I agree to attend the CASA volunteer pre-service (core) training as required, and understand that I cannot assume the duties of a CASA volunteer until I successfully complete the pre-service training.

## **STATEMENT OF VOLUNTEER SERVICE**

I understand that information contained in this application is for use by the Utkeagwik CASA Program to provide volunteer services to children under the jurisdiction of the Native Village of Barrow Tribal Court. I agree to a police record check, fingerprinting and OCS central registry check. I agree to inform the CASA program 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 if I use my car for any CASA volunteer activity.

I wish to apply to become a Court Appointed Special Advocate with the Utkeagwik CASA Program. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. Information on this application may be shared with other organizations if any indication of risk to children is present. I understand that I am not obligated, if called upon, to perform volunteer services, and the program is not obligated to use my services. I declare that the above is true and correct to the best of my knowledge. I will assume all risk and injury to myself while rendering my volunteer service.

I have read and understand the STATEMENT OF REQUIRED TRAINING, STATEMENT OF VOLUNTEER SERVICE, and STATEMENT OF CONFIDENTIALITY. I certify that I am over 21 years of age and have a high school diploma or equivalency.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_