



## Volunteer Application

### Part One

Please type or print clearly

#### Personal Information

Full Name (First, Middle, Last) \_\_\_\_\_

Other Names (Maiden Name, etc.) \_\_\_\_\_

Name you prefer being called \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Are you a legal resident of the United States? Yes No

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Do you have an answering machine or voicemail? Yes No

Do you have access to a computer? Yes No

Are you familiar with Microsoft Word? Yes No

Are you comfortable with e-mail? Yes No

Employment

Current Employment Status: Part-time Full-time Student Not Employed Retired

Current Employer\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Business Telephone\_\_\_\_\_

Business Fax\_\_\_\_\_

Hours per week\_\_\_\_\_

Days off\_\_\_\_\_

Position Title\_\_\_\_\_

Duties\_\_\_\_\_

May we call you at work? Yes No

Employment History

Previous Employer #1\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_

Name of Supervisor\_\_\_\_\_ May we contact? Yes No

Position\_\_\_\_\_ Length of Employment\_\_\_\_\_

Previous Employer #2\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_

Name of Supervisor\_\_\_\_\_ May we contact? Yes No

Position\_\_\_\_\_ Length of Employment\_\_\_\_\_

**Background**

*(Required for fingerprinting)*

Place of Birth (City/State/County) \_\_\_\_\_

Sex \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Have you ever been convicted of any crime in this state or jurisdiction? Yes No

If yes, please explain \_\_\_\_\_

Do you currently have any pending criminal charges? Yes No

If yes, please explain \_\_\_\_\_

List County and State \_\_\_\_\_

Please list your previous addresses for the last five years:

Street	City	State	Zip	Dates
--------	------	-------	-----	-------

Street	City	State	Zip	Dates
--------	------	-------	-----	-------

Street	City	State	Zip	Dates
--------	------	-------	-----	-------

Can you think of any reason why Judge Curtis, Judge Lympus, or Judge Stadler may be reluctant to appoint you as a volunteer? Yes No

If yes, please explain \_\_\_\_\_

Have you had any personal experience(s) involving Child Welfare, the Court System, Foster Care, or other agencies offering services to a child? Yes No

If yes, what agency were you involved with and please explain your involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicle Information**

*Please provide a copy of your current driver's license*

Do you have access to a vehicle? Yes No

Do you have a driver's license? Yes No

Driver's License Number \_\_\_\_\_

State in which driver's license is issued \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

**References**

*Please include information for three non-relative persons*

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

Relationship to you \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

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

Relationship to you \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

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

Relationship to you \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

Case Preferences

Age Range \_\_\_\_\_  
Type of abuse or neglect \_\_\_\_\_  
It doesn't matter \_\_\_\_\_

Miscellaneous

List relevant work or volunteer experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary language spoken \_\_\_\_\_

Additional languages \_\_\_\_\_

Are you prepared to complete 36 hours of training? Yes No

Are you willing to complete 12 hours of in-service training per year? Yes No

Does your schedule permit you to attend meetings, court hearings, trainings, etc. during the work day? Yes No

Can you commit to be a CASA volunteer for at least two years? Yes No

There are opportunities other than child advocacy assignments to assist the Flathead Valley CASA/GAL Program. These include, but are not limited to, clerical assistance, public relations, newsletter preparation, mailings, web page design and management, etc. If you would be interested in serving in any of these or other capacities please list them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statistical Information

We have a program to track volunteer demographics. The information you provide will assist the Flathead County CASA/GAL Program in evaluating recruitment and selection procedures. Information provided below will not be used in any way to affect the application process, rating, or employment and will not be supplied to any hiring authority.

**Marital Status** Single Married If married, name of spouse \_\_\_\_\_

Do you have children? Yes No If yes, what are their ages? \_\_\_\_\_

**Education** (circle the highest completed)

High School 9 10 11 12    College 1 2 3 4    Graduate 1 2 3 4

Please list the schools you attended:

\_\_\_\_\_
High School

\_\_\_\_\_
College

\_\_\_\_\_
Other

**Race**

Anglo-American      Latino-American      African-American

Asian-American      Native-American      Other\_\_\_\_\_

**Other Experience/Training** (circle all that apply)

- Medicine                      Web Page Design or Management      Counseling
- Psychology                      Advertising or Public Relations      Social Work
- Child Care                      Drug or Alcohol Abuse Program      Writing
- Education                      Art or Graphic Design      Fundraising
- Public Speaking                      Law Enforcement/Criminology      News Media
- Child Development                      Computer Technical Support      Counseling

Please describe your experience or training in the areas that apply\_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**How did you hear about the CASA/GAL Program?**

CASA Brochure      CASA Advisory Council      Word of Mouth

Radio                      Newspaper                      Other\_\_\_\_\_

**Please rank your skill level in the following areas:**

	Low				High
Problem Solving	1	2	3	4	5
Typing/Computer Skills	1	2	3	4	5
Ability to analyze situations	1	2	3	4	5
Writing Skills	1	2	3	4	5
Self Motivation	1	2	3	4	5
Organization	1	2	3	4	5
Interviewing Skills	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Ability to keep confidentiality	1	2	3	4	5

Please feel free to elaborate: \_\_\_\_\_  
\_\_\_\_\_

**Part Two**

Please answer the following questions. If additional room is needed, please attach your answers to this application.

1. Write a short summary about your interest in CASA and how you hope to benefit from the volunteer experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Briefly explain what led your decision to apply for a position in the CASA/GAL program. What attracted you to this particular program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.

---

---

---

---

---

---

4. Briefly explain what role you believe society should play in protecting the rights of children.

---

---

---

---

5. Briefly explain what role you believe society should play in helping a family overcome hardships and remain living together as one unit.

---

---

---

---

6. Please attach a **one-page** biography. As part of your biography you may cover topics such as: your childhood, childhood memories, your family (childhood or adult family), hardships overcome, hobbies, interests, goals, etc. Please feel free to be creative with your biography but please try to remain within one page.

-OR-

Attach a summary of your reasons for becoming a CASA Volunteer. Please remain within one page.

I understand the Flathead County CASA/GAL Program requires that I complete a personal interview, fingerprint background investigation (state, national, Division of Child & Family Services), and provide names and addresses of three non-relative references. I realize that additional information may be required. I understand any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or other acts that would pose risks to children of the CASA/GAL Program and the program's credibility, will not be accepted as a CASA/GAL volunteer. Upon submission of this application, I agree to comply with all rules, statutes, confidentiality laws, and Flathead Valley CASA/GAL Program Policies and Procedures.

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize inquiries to be made and the release of information concerning my employment, character, criminal history, and child protection agency for the purpose of determining my suitability as a volunteer.

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/GAL 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 understand that my application does not ensure acceptance into the Flathead County CASA/GAL Program. I also understand that the Flathead County CASA/GAL Program reserves the right to disqualify any applicant who would not be a good match for this volunteer position. Service as a CASA volunteer is by privilege and not by right. I understand that the Flathead County CASA/GAL Program reserves the right to terminate the service of a volunteer at any time, for any reason. If I am accepted and unforeseen circumstances prevent me from fulfilling my obligation, I will submit my written resignation to the Program Director with as much advance notice as possible.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Date of Birth (Month/Day/Year)\_\_\_\_\_

Social Security Number\_\_\_\_\_

Please return the completed Application Packet to:  
CASA for Kids  
PO Box 271  
Kalispell, MT 59903

*Thank you so much for your time!*

## **Volunteer Agreements**

Volunteers shall adhere to all standards set forth below:

- A. Maintain confidentiality in handling program issues and case or volunteer personnel information.
- B. Review case records and interview appropriate parties, including the child, involved in the case.
- C. Develop and maintain a professional relationship with the child, helping the child to understand the court proceedings when appropriate.
- D. Maintain complete records, including appointments, interviews, and information gathered, as well as an accurate and complete Contact Log/Journal on the case.
- E. Communicate with caregivers about the child's behavior and relationships.
- F. Participate in Division of Child and Family Services staffings to assist in the early development of an appropriate case plan and provide input to subsequent revisions.
- G. Advocate for the best interest of the child, identify needs of the child, and make recommendations to the court regarding timely placement of the child.
- H. Visit the child at least monthly, and include visits at the child's placement to observe the child's behavior in the home, assess problems, and determine child's needs.
- I. Assist the responsible parties to ensure that the child's educational needs are being met.
- J. Report to the appropriate authorities any incidences of child abuse and neglect, significant changes in family situations, or violations of court orders.
- K. Consult at least monthly with the Program Director in case/program discussion.
- L. Discuss all recommendations concerning the case with the Program Director prior to submitting recommendations to the court.
- M. Submit an objective and concise, signed, written court report in the timeline required by the CASA for Kids office. The report shall assess the case and include advocacy for appropriate case planning, and services for the child.

- N. Attend all court hearings pertaining to the assigned case.
- O. Assist the court in exploring alternative placements for the child.
- P. Make recommendations at Foster Care Review Board meetings.
- Q. Remain assigned to the case through all phases of the court process until permanent guardianship or adoption has been established unless otherwise directed by the court.
- R. Provide and document an annual assessment of the CASA Program's performance.
- S. Provide to the Program Director a copy of all case-related correspondence.
- T. Comply with Montana Statutes, Rules of Procedure for the Juvenile Court and policies and procedures of Flathead County CASA/GAL. In accordance with MCA 41-3-203 and 41-3-303, a guardian ad litem (GAL) is immune from civil or criminal liability for the acts or omissions in connection with the authorized responsibilities the GAL performs in good faith.
- U. All volunteers shall comply with state program training requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Grounds for Denial of Volunteer**

The screening and selection process for the Flathead County CASA/GAL Program is thorough and comprehensive. Because the Flathead County CASA/GAL Program must ensure the safety of children, CASA Volunteers must be of the highest integrity and above reproach. Personal behaviors, which are in conflict with the laws or the policies of the program, will result in an applicant being disqualified for consideration.

*Grounds for Denial/Certification of the volunteer will occur when one of the following statements is true:*

The Program Director shall deny certification, if, after ninety (90) days from the application date, any of the following are true:

1. The applicant has not completed any aspect of the application process.
2. The applicant has not been fingerprinted and the CASA/GAL Program Director has not received the criminal background analysis.
3. The applicant has not completed the training requirements.
4. The applicant materially misrepresented facts or committed fraud in the application process.
5. The applicant has been convicted of any of the following felony offenses as an adult:
  - Sexual abuse of a minor
  - Incest
  - 1<sup>st</sup> or 2<sup>nd</sup> degree murder
  - Kidnapping
  - Arson
  - Sexual Assault
  - Sexual exploitation of a minor
  - Contributing to the delinquency of a minor
  - Commercial sexual exploitation of a minor
  - Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute, conspiracy to sell, transport or distribute marijuana, dangerous, or narcotic drugs.
  - Felony offenses involving the possession or use of marijuana, dangerous, or narcotic drugs.
  - Burglary
  - Aggravated or armed robbery
  - Robbery
  - A dangerous crime against children

- Child abuse
- Assault or aggravated assault
- Sexual conduct with a minor
- Molestation of a minor
- Manslaughter or negligent homicide
- Exploitation of minors involving drug offenses
- Driving under the influence of intoxicating liquor or drugs as prescribed in Section 61-8-401
- Offenses involving domestic violence

6. The applicant has charges pending for, or has been convicted of, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children of the Flathead County CASA/GAL Program and the program's credibility.

The Program Director **may** deny if one or more of the following is found:

1. The applicant does not meet the qualifications or eligibility requirements.
2. The applicant has a record of any act constituting dishonesty or fraud.
3. The applicant has a record of conviction by final judgment of any felony.
4. The applicant has a record of conviction by final judgment of a misdemeanor involving moral turpitude.
5. The applicant has been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, or conversion.

**Please sign and return this with the Volunteer Application for the Flathead County CASA/GAL Program.**

I have read and understand the disqualification criteria listed herein. I further understand there is no issue or circumstance addressed in this document that would cause me to be disqualified as an applicant for the Flathead County CASA/GAL Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Application Checklist

Please make sure the following are completed prior to turning in your application.

1. Completed application packet (signature on pages 9, 11, and 13)

2. 3 non-relative references listed

3. Copy of current Driver's License included

4. Arrangements made to have fingerprinting completed

Contact Debra Johnson  
Flathead County Sheriff's Office  
920 South Main  
Kalispell, MT 59901  
406.758.5585

5. Essay attached from page 8.

Once we have received your completed application and two (2) of your completed references we will contact you to arrange an interview.

*Thank you for your time.*

---

For Office Use Only:

Driver's License

References Sent on: \_\_\_\_\_

References Received 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Essay attached

Fingerprinting received

Interview scheduled on: \_\_\_\_\_

Background Check

DPHHS Check

Reviewed by Court Administrator

Revised 6-13-07