



VOLUNTEER APPLICATION FORM

Iowa CAB is an equal opportunity employer committed to providing culturally diverse volunteer programs.

Click on the gray areas in the form to enter your responses to complete the application. Save As the document to your device. Print/Mail or Email the application as an attachment. Submission contact information is on the last page of this application form.

Full Name: _____
Maiden Name: _____
Alias: _____
Address: _____
City: _____
State: _____ Zip: _____
County: _____

Gender: Female Male
Date of Birth: _____
Race: _____
Primary Phone: _____
Alternate Phone: _____
Email: _____

EMPLOYMENT

Place of Employment: _____
Address: _____
City: _____
State: _____ Zip: _____

Employment Phone: _____
May you be called at _____
Supervisor: _____
Position: _____

FAMILY

Name of Spouse: _____

Spouse's Occupation: _____

Children: _____

Children's Birthdates: _____

Other Members of Household: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

Allergies or other medical conditions we need to be aware of:

In case of an emergency, contact: _____

Address and phone number: _____

VOLUNTEERING WITH THE IOWA CHILD ADVOCACY BOARD

The Iowa Child Advocacy Board wishes to include volunteers in all levels of our agency and operations. We want to know in which area(s) **you** are most interested in helping us improve the lives of Iowa's most vulnerable children.

- | | |
|--|---|
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | <input type="checkbox"/> Foster Care Review Board (FCRB) Member |
| <input type="checkbox"/> Advocacy Support Volunteer | <input type="checkbox"/> Other: _____ |

Check the following areas in which you have training, work experience or a special interest.

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Education |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Office Clerical |
| <input type="checkbox"/> Art/Graphic Design | <input type="checkbox"/> Finance | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Health Care | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Public Relations/Speaking |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Human Services | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Lay Leadership | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Legal | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Training Develop & Delivery |
| <input type="checkbox"/> Criminology | <input type="checkbox"/> Management | <input type="checkbox"/> Web Design/Management |
| <input type="checkbox"/> Data Entry/Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Drug/Alcohol Education | <input type="checkbox"/> Mass Media | |

For any areas checked, please describe your training, work experience or special interest:

In what ways can you imagine using your training, work experience or special interest in the above area(s) in your volunteer role with the Iowa Child Advocacy Board?

How did you most recently learn about the Iowa Child Advocacy Board?

- | | | |
|---|---|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> CAB's Website | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Online Display Ad | <input type="checkbox"/> Facebook Page | <input type="checkbox"/> Church Outreach |
| <input type="checkbox"/> Video Advertisement | <input type="checkbox"/> Other Social Media | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> VolunteerMatch | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> National CASA Website | |
| <input type="checkbox"/> Past/Current CAB Volunteer | <input type="checkbox"/> Personal contact with: _____ | |

From the list above, what other ways have you previously heard about CASA?

CURRENT OR PREVIOUS VOLUNTEER EXPERIENCE & COMMUNITY INVOLVEMENT

To what community organizations, boards, or committees do you belong? Include offices held.

List the types of volunteer work you have done or are currently doing:

EMPLOYMENT HISTORY

Previous Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Description _____

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Address: _____ Phone Number: _____
Job Description _____

EDUCATION / TRAINING / EXPERIENCE

High School Diploma: Yes No Name of School/Year Graduated: _____
College Degree: Yes No College Name/Years Attended: _____
College degree(s) held: _____

Please describe other educational/training programs completed.

LEGAL HISTORY

Have you ever been convicted of a crime? Yes No If yes, explain:

Have you ever been involved in a juvenile court case as an adult or a child? Yes No If yes, explain:

Have you ever been the subject of a child abuse investigation? Yes No If yes, explain:

CASA APPLICANTS ONLY: TRANSPORTATION

Do you have a valid driver's license? Yes No

Is a car available to you? Yes No

Insurance Company: _____

Policy Number: _____

Liability Limits: _____

(Must meet State of Iowa minimum requirements)

FOSTER CARE REVIEW BOARD APPLICANTS ONLY

Are you an employee of the Department of Human Services (DHS), the Department of Inspections and Appeals (DIA), the Judicial Branch, or an agency contracting with DHS for services to children in foster care? Yes No

Are you a licensed foster parent providing foster care? Yes No

Check all that apply:

Former Foster Parent

Former Foster Child

Adoptive Parent

Adopted Child

PERSONAL REFERENCES

Please print names, complete addresses, and phone numbers of people who have known you for at least five years, who know you well and can address how you relate to children and people in general, and how well you could fulfill the responsibility of a Child Advocacy Board (CAB) volunteer. **DO NOT INCLUDE RELATIVES.** The CAB program staff will contact the references you list.

Name: _____

Daytime Phone: _____

Email: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Length of acquaintance: _____

Name: _____

Daytime Phone: _____

Email: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Length of acquaintance: _____

Name: _____

Daytime Phone: _____

Email: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Length of acquaintance: _____

Please note: Our application process is designed to provide both you and our local Coordinators an opportunity to determine how well your capabilities fit with the very specialized advocacy volunteer positions we offer. The information you provide through this application, in the interview and from your references help us begin to understand your unique skill set. The pre-service training gives you and our Coordinators the opportunity to determine how well this type of advocacy position fits with your hopes for a volunteer experience and our assessment of your ability to meet the specific needs of this type of volunteer experience. Any applicant who has 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 risks to children or the credibility of the Iowa Child Advocacy Board programs will not be accepted. If for some reason it is determined that you are not accepted as a volunteer for CAB, then you will be notified as quickly as possible once that determination has been made.

AFFIRMATION AND RELEASE

I, _____ hereby affirm that all of the answers on this volunteer application for the Iowa Child Advocacy Board (CAB) are true to the best of my knowledge. I understand that falsifying information on this application or during the screening process is possible grounds for dismissal. I understand that the information requested in this application will be used only for the purpose of determining my suitability to become a CAB volunteer. I am aware of the sensitive and confidential nature of the office documents, reports and other material I will examine in my capacity as a CAB volunteer.

All applicants: I hereby authorize the Iowa Child Advocacy Board to investigate my background to determine my suitability as a potential CASA volunteer. I understand that my refusal to sign releases for background checks upon request will result in the rejection of my application

CASA applicants: I further understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child or children to whom I am assigned are under the court's jurisdiction. I will adhere to the confidentiality provisions as outlined by the program.

FCRB applicants: Upon successful completion of training, I further understand that I will commit to serve a three-year term with the local review board. As a FCRB volunteer I will not disclose any information I obtain through this volunteer opportunity.

Signature of applicant:

Date signed:

Return completed form to:

Child Advocacy Board
4th Floor Lucas Building
321 E 12th Street
Des Moines IA 50319-0083

Email to: lowacasaapplication@dia.iowa.gov

CAB OFFICE USE ONLY:

Date Received: _____
Date Reviewed: _____
Reference Checks Completed: _____
Interview Date: _____
Background Checks Completed: _____
Pre-Service Training Completed: _____
Coordinator: _____