



OFFICE USE ONLY

Date Submitted: _____
 Date Reviewed: _____
 CPI's mailed: _____
 Reference Checks Completed: _____
 Background Checks Completed: _____
 Interview Date: _____
 Training Completed: _____
 Judicial District: 2nd, Mason City Office
 Coordinator: Suzan R. McKiness, LBSW

VOLUNTEER APPLICATION FORM

Name: _____ Date of Birth: _____

Maiden Name: _____ Place of Birth: _____

Alias: _____ Social Security No.: _____

Address: _____ Sex: _____ Race: _____

City: _____ Home Phone: _____

State: _____ Zip Code: _____ Home Fax Phone: _____

County: _____ Email: _____

Cell Phone: _____

Place of Employment: _____

Address: _____ Employment Phone: _____

City: _____ Employment Fax Phone: _____

State: _____ Zip Code: _____ May you be called at work? _____

Email: _____

Name of Spouse: _____

Spouse's Occupation: _____

Children: _____ Birth Dates: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Members of Household:

Relationship:

In case of emergency contact: _____

Address and phone number: _____

To what community organizations do you belong? _____

Offices currently or previously held? _____

TRANSPORTATION

Do you have a valid driver's license? _____

Is a car available to you? _____

Insurance Company: _____ Policy Number: _____

Liability Limits: _____

EMPLOYMENT HISTORY

Current employer: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job description: _____

Previous employer: _____

Address: _____ Phone Number: _____

Job description: _____

EMPLOYMENT HISTORY (continued)

Previous employer: _____

Address: _____ Phone Number: _____

Job description: _____

VOLUNTEER HISTORY

Current Volunteer Involvement: _____

Volunteer description: _____

Current Volunteer Involvement: _____

Volunteer description: _____

EDUCATION / TRAINING / EXPERIENCE

High School Diploma: Yes _____ No _____

Name of School and year graduated: _____

College Degree: Yes _____ No _____

Name of College and years attended: _____

College degree(s) held: _____

Other educational / training programs completed: _____

Do you have training and/or work experience in any of the following areas?

Art/graphics _____

Health care _____

Child care _____

Law enforcement _____

Child development _____

Mental health _____

Counseling _____

New media _____

Criminology _____

Psychology _____

Drug/alcohol abuse _____

Public speaking _____

Education _____

Writing _____

If yes, please describe: _____

LEGAL HISTORY

Have you ever been convicted of a crime? _____

If yes, please explain: _____

Have you ever been involved in a juvenile court case as an adult or a child? _____

If yes, please explain: _____

Have you ever been the subject of a child abuse investigation? _____

If yes, please explain: _____

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. No more than one relative, please. The CAB program staff will contact the references you list.

Name: _____

Daytime phone: _____

Address: _____

Relationship: _____

Length of acquaintance: _____

Name: _____

Daytime phone: _____

Address: _____

Relationship: _____

Length of acquaintance: _____

PERSONAL REFERENCES (continued)

Name: _____

Daytime phone: _____

Address: _____

Relationship: _____

Length of acquaintance: _____

Unfortunately not every individual who applies to become a CAB volunteer is accepted. The information provided during the pre-training interview, the Foundations of Child Advocacy Training, this application, reference checks and background checks will be used to determine your suitability as a CAB volunteer. If for some reason it is determined that you are not suitable for either the CASA or FCRB program you will be notified as quickly as possible once that determination has been made.

PERSONAL INFORMATION

Voluntary completion of this section will ensure the broadest representation possible:

Gender: _____ Date of Birth: _____ Ethnicity: _____

FOSTER CARE REVIEW BOARD ONLY

Are you an employee of the Department of Human Services (DHS), the Department of Inspections and Appeals (DIA), the District Court, or an agency contracting with DHS for services for children under foster care? Yes: _____ No: _____

Are you a licensed foster parent provided foster care? Yes: _____ No: _____

Check all that apply:

Former Foster Parent: _____ Former Foster Child: _____

Adoptive Parent: _____ Adopted as a Child: _____

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 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.

I understand that my application does not ensure acceptance into the CASA or FCRB program. I also understand that the Iowa Child Advocacy Board reserves the right to disqualify any applicant who would not be a good match for the volunteer position. Service as a CASA or FCRB volunteer is by grace and not by right. I understand the Iowa child Advocacy Board reserves the right to terminate the service of a volunteer for any reason.

CASA applications: I hereby authorize the Iowa CASA Program to investigate my background to determine my suitability as a potential CASA volunteer. Further, I 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 discuss the contents of confidential material only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

FCRB applicants: Upon successful completion of training, I understand that I will commit to serve a two-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 CAB applicant: _____

Date signed: _____

Return completed form to:

**Iowa CASA Program
Suzan R. McKiness, Coordinator
Cerro Gordo Co. Courthouse
220 N. Washington Ave.
Mason City, IA 50401
(641) 421-3080 (641) 421-3134 (fax)
(866)-295-5262 toll free
www.northiowacasa.com**