



RICHLAND COUNTY COURT APPOINTED SPECIAL ADVOCATES
 PO Box 192, 1701 Main Street, Room 407, Columbia, SC 29202
 Phone: (803) 576-1735 Fax: (803) 576-1734
 www.rccasa.org

Volunteer Application:

Please complete the following (3) pages, sign the release form, and mail or fax to the above address.

NOTE: Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of a Court Appointed Special Advocate. No individual will be rejected because of race, color, religious creed, national origin, gender, age, sexual orientation or marital status.

Last name: _____ First name: _____ Preferred: _____

Home address: _____

Date of birth: _____ Social Security Number: _____

Gender: Male/ Female

Phone Numbers: [Home] _____ [Work] _____ [Cell] _____ [Other] _____

Fax: _____ Email: _____

In case of an emergency, call: Name _____ Emergency phone _____

Relationship to Applicant: _____

Applicant's Marital Status: _____ Spouse's Name: _____ Occupation: _____

Applicant's Child(ren):

Child's Name:	Age:

How did you learn about Richland County CASA?

- Newspaper
 Friend
 Commercial
 Website
 Religious Organization
 Referred by: (Name) _____
 Other: _____

- Education**
 Some high school
 GED/High school diploma
 Some college
 College degree
 Masters degree
 Law Student
 Ph.D.
 Other _____

Foreign language(s) spoken _____

EMPLOYMENT INFORMATION:

Employer or school: _____

Employment status: Full time Part time Student Not employed Retired

Position: _____ Supervisor: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Extension: _____

Email: _____ Fax: _____

Brief Description of Work: _____

Are you interested in becoming a ...? Volunteer Guardian ad Litem Volunteer Interpreter

OR assist CASA in other areas such as:

- General Office Work Computers Special Events Fundraising
- Board of Directors Graphic Artist Printing Mass Mailing Assistant
- Networking Decorations Other: (Explain) _____

Current volunteer or community activities: _____

Prior volunteer activities: _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Check "Yes" or "No" as applicable. If yes, PLEASE EXPLAIN COMPLETELY IN THE SPACE PROVIDED BELOW.

- 1. Have you ever been a Guardian ad Litem with another program? Yes No
- 2. Have you ever been convicted of a crime? (If yes, give date, charge, location, etc.) Yes No
- 3. Have you ever been investigated by DSS Child Protection Division? Yes No
- 4. Are you, or someone you are close to, a survivor of abuse and/or neglect? Yes No
- 5. Do you know of any reason why a judge might be reluctant to appoint you as a GAL? Yes No
- 6. Can you commit your services to a minimum of 18 months? Yes No
- 7. Can you complete the 30 hours of mandatory training? Yes No
- 8. Can you complete the 12 hours of ongoing training each year? Yes No
- 9. Is your employer supportive of your desire to volunteer? Yes No
- 10. Do you foresee any difficulties in attending mandatory court hearings and preparing written reports? Yes No

Explanation (please provide item #): _____

What special skills do you possess that would be beneficial to you as a Guardian ad Litem and why? _____

Please list the names of three (3) people UNRELATED to you who know you well – preferably individuals that you have worked for or that you have been instructed by in a professional or educational setting. Please include a complete address with a zip code.

1. Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Phone: _____

2. Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Phone: _____

3. Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Phone: _____

BACKGROUND CHECK:

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 related acts that would pose risks to children or the CASA program's credibility is not eligible to be a CASA volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Richland County CASA to investigate my background to determine my fitness as a potential volunteer. I understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by my signature on this application I authorize, and the Department of Social Services Central Registry Desk. All information will be held in strictest of confidence.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am suitable volunteer, I understand that I will be expected to serve a minimum of 18 months in the Richland County 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 CASA 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 also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

APPLICANT'S SIGNATURE: _____ DATE: _____