



Y O R K C O U N T Y  
COURT APPOINTED SPECIAL ADVOCATES PROGRAM

45 NORTH GEORGE STREET, YORK, PA 17401 • 717.771.9754  
FAX 717.852.4934 • WWW.YORKCOUNTYCASA.ORG • CASA@YORKCOUNTYPA.GOV

## VOLUNTEER APPLICATION

DATE:	APPLICANT'S NAME:		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	SEX: Male Female	
PREVIOUS NAMES (INCLUDING MAIDEN NAME):			
ADDRESS:	CITY:	STATE:	ZIP CODE:
EMAIL:	PHONE NUMBER:		

IN CASE OF EMERGENCY - NAME:	PHONE NUMBER:
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DRIVER'S LICENSE STATE AND NUMBER:		
DO YOU HAVE A RELIABLE FORM OF TRANSPORTATION?	YES	NO
HAVE YOU LIVED IN PENNSYLVANIA FOR THE LAST 7 YEARS?	YES	NO

ARE YOU CURRENTLY EMPLOYED?	YES	NO	POSITION:	FULL-TIME OR PART-TIME:
EMPLOYER:	ADDRESS:		PHONE NUMBER:	
(IF RETIRED, PLEASE PROVIDE THE INFORMATION FROM WHERE YOU RETIRED.)				

Languages other than English that you speak, read, or understand:
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Please mark your availability for training sessions:	EVENING	DAYTIME	BOTH
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Do you have anything that would compromise an 18- to 24-month commitment?	YES	NO
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How did you hear about CASA?
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_____

**If you were to volunteer with York County CASA, would you agree to:**

1) Be a volunteer for the minimum time required (18 to 24 months)?	YES	NO
2) Participate in ongoing supervision and training meetings?	YES	NO
3) Attend appointments, court hearings, and meetings for your case?	YES	NO
4) Maintain confidentiality regarding all court cases?	YES	NO
5) Submit to required background checks?	YES	NO

**Education and special skills:**

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**CURRENT AND PAST VOLUNTEER EXPERIENCES**

Organization	Position	Beginning Date	Ending Date

**What are the strengths that you will bring to this program?**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Do you have any concerns about volunteering with this program?**

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Please describe if you or your family have had any experiences with the following:

**Child Welfare:**

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**Juvenile Court System:**

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**Foster Care:**

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**Other services for children:**

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Have you ever been convicted of a crime (misdemeanors and/or felonies)? Do you have criminal charges pending? If yes, please explain.

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Please explain any other involvement you've had with the court system at any level:

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Write a brief statement on why you want to volunteer with York County CASA.

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Write a short summary on how you hope to benefit from this volunteer experience.

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Explain what role you believe society should play in protecting the rights of children.

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

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<b>REFERENCES</b>		
Please provide the information below for references. <u>Only one may be a personal reference.</u> AT LEAST one must be from a previous volunteer experience. The York County CASA office will contact your references for further information.		
Reference #1 (FROM PREVIOUS VOLUNTEER EXPERIENCE)		
NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER:
EMAIL ADDRESS:		
Reference #2		
NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER:
EMAIL ADDRESS:		
Reference #3		
NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER:
EMAIL ADDRESS:		
Reference #4		
NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER:
EMAIL ADDRESS:		

The information on this form will help us assess your qualifications to serve as a CASA volunteer. Information provided by you is confidential. If your application is accepted, York County CASA staff will contact you to schedule an interview. York County CASA reserves the right to reject any applicant found to have been convicted of, pled guilty to, 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 York County CASA program's credibility. We also cannot accept anyone who has a criminal conviction within the past ten years. York County CASA requires that all applicants allow the following clearances to be secured: ChildLine Clearance, PA Criminal Background Check, FBI Fingerprint Clearance, and the National Sex Offender Registry Check.

Your signature below indicates that the information provided on this application is factual, that York County CASA may contact the above references, and authorizes York County CASA to run the above-mentioned clearances and checks.

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

DATE