



Volunteer Application

(413) 781-2272

CASA of Hampden County

casa@chd.org

Last name _____ First name _____ Middle _____

Home address _____ Apt _____

City _____ State _____ ZIP _____

Social Security number _____ Gender Female Male Date of birth _____

Home phone _____ Cell/Pager _____

Fax _____ E-mail address _____

Emergency phone _____ Emergency contact _____

Employment status Full time Part time Not employed Retired Student Don't know

Employer/School _____ Phone _____

Position _____ Contact person/Supervisor _____

Ethnicity (34) African-American Asian-American Caucasian Latino/Hispanic
 Native American Other Unknown

Formal Education (Highest year of school completed) Some high school GED High school
 Some college College Post-graduate Other _____

What is your primary Language? (15) English Spanish Signing French Other _____

Do you speak another/secondary Language? (15) French Signing Spanish Other _____

How did you hear about CASA? (30) Flier Friend Internet Local newspaper
 Local radio National media NCASAA Other Unknown Referral agency

Do you drive? Yes No

Do you have regular access to a car? Yes No

Driver's license number _____

Insured? Yes No

Please see other side →

Please list Skills and Interests _____

In your own words, please tell us why you want to volunteer as a CASA:

(Use additional page if necessary)

Do you consent to a routine check of your criminal records? Yes No

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer? Yes No
If Yes, please explain _____

I hereby certify that the information given on this application is true. Furthermore, by signing below I hereby give my permission for any necessary verification be conducted by the CASA Program of Hampden County concerning my employment or character in order for CASA Staff to determine the suitability of my volunteering as a CASA Guardian ad Litem. I understand that this application is only part of a complete screening procedure. By signing below I also acknowledge that I have read the *CASA Program of Hampden County's Criminal Records Check Policy* below, and I understand that a criminal history check will be conducted as part of my application to become a CASA Volunteer. Furthermore, I understand I will also be expected to participate in an interview as part of the complete screening procedure.

CASA of Hampden County Criminal Records Check Policy

All applicants that are chosen to participate in an interview will be expected to submit to a Criminal Offense Records Investigation (CORI). During the interview, CASA Staff will request your signature on a release of information to conduct the CORI. 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 a risk to children or the CASA program's credibility will not be accepted as a CASA Volunteer.

Applicant's Signature

Date

**Mail Application to: CASA of Hampden County ♦ CHD Children's Programs ♦ 45 Willow Street
Springfield, MA 01103**

Fax Application to: (413) 781-6523



332 Birnie Avenue
Springfield, MA 01107
(413) 733-6624
Fax: (413) 439-2109
www.chd.org

CENHD
EOHHS

C.O.R.I. REQUEST FORM

Center for Human Development has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

ID THEFT INDEX PIN*
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER (include state of issue): _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUES PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.



Self-Disclosure Form

The Center for Human Development, Inc. (CHD) has been authorized the Criminal History Systems Board to perform Criminal Offender record Information (CORI) checks. A computer check with the Board of Probation is required for all prospective employees and volunteers as well as current employees per company standards. The CORI information is requested only for the purpose of verifying the information you will be providing below concerning any criminal record you may have. Conviction of a crime may not be an automatic bar to your employment. All circumstances will be considered when making a decision about your application or continued employment.

For Applicant/Employee/Volunteers:

I understand that, in order to afford the highest level of service delivery, the Center for Human Development seek to determine that all employees are of the highest integrity. As an applicant for employment (Volunteer) or as a current employee, I hereby acknowledge that C.H.D. will review Criminal Offender Record Information (C.O.R.I.).

The following spaces may be used to provide CHD with any information, which you feel could assist in processing the results of the C.O.R.I. The information disclosed on this document will be cross-checked with the CORI results. Discrepancies between the documents may result in automatic disqualification from employment.

Name (please print) _____

Signature _____

Date _____

I do not consent to a C.O.R.I, and therefore I understand that I am ineligible for new or continued employment at CHD.

2009-02-25 CORI "A"



Court Appointed Special Advocates of Hampden County
A Program of the Center for Human Development
101 State Street, Suite 203, Springfield, MA 01103
(413)781-2272 Fax (413)739-4712

CASA OF HAMPDEN COUNTY

EACH APPLICANT MUST PROVIDE (3) REFERENCES FROM PEOPLE WHO KNOW YOU WELL, OTHER THAN FRIENDS AND RELATIVES, PREFERABLY FOR WHOM YOU HAVE WORKED IN EITHER A PAID OR VOLUNTEER CAPACITY. PLEASE COMPLETE A SEPARATE FORM FOR EACH REFERENCE.

PLEASE COMPLETE REFERENCE FORM ON THE REVERSE SIDE OF THIS PAGE AND RETURN TO THE CASA PROGRAM, 101 STATE STREET, SUITE 203, SPRINGFIELD, MA 01103. THANK YOU.

RE:
APPLICANT/CASA: _____ DATE: _____

RE:
REFERENCE: _____ PHONE: _____

ADDRESS: _____

I hereby authorize the CASA Program of Hampden County to:

- Release information to Obtain information from

By signing this authorization, I acknowledge that I understand that:

- Information received will be used to determine my suitability to become a CASA or information given will be concerning my performance as a CASA.
- I can withdraw permission for release of information by notifying the CASA Program of Hampden County.
- I further release the disclosing agency and employees from any liability arising from the release of this information to such persons or agencies, provided the said release of information was done in compliance with the Federal Privacy Act (P.L. 93-575), the Federal Alcohol and Drug Abuse Act (P.L. 92-282) and M.G.L. Ch 111
- This authorization expires six months from the date above unless otherwise noted.
- A photocopy and/or fax of this authorization shall have equal validity of the original.

(Signature of Applicant/CASA)

(Date)

PERSONAL REFERENCE TO VOLUNTEER AS A COURT APPOINTED SPECIAL
ADVOCATE

APPLICANT NAME: _____

1. In what capacity do you know the applicant? _____

_____ For how long? _____

2. Do you have knowledge of how the applicant relates to children? Yes No
If Yes, please explain: _____

3. Can applicant separate personal life from volunteer work experience? _____

4. Which of the following do you think describes the applicant:

- | | | | |
|--------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Tactful | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Well-adjusted | <input type="checkbox"/> Lacks confidence |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Follower | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> Opinionated | <input type="checkbox"/> Confident | <input type="checkbox"/> Arrogant | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Nervous | <input type="checkbox"/> Considerate | <input type="checkbox"/> Industrious |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Moody | <input type="checkbox"/> Stubborn | |

5. Would applicant have problems in working with any of the following:

- | | | | |
|--|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Racial minorities | <input type="checkbox"/> Females | <input type="checkbox"/> Disabled | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Various religions | <input type="checkbox"/> Males | <input type="checkbox"/> Gay/Lesbian | |

Please explain _____

6. How well does the applicant finish projects and activities begun?
 Very Well Well Average Fair

7. To your knowledge, has the applicant ever had a drinking or drug problem?
 Yes No
If Yes, please explain. _____

8. Do you feel that the applicant is able to make an 18-month commitment to a child?
 Yes No Don't know

9. Would you be comfortable having the applicant serve as a Court Appointed Special
Advocate to a child?
 Yes No If No, please explain _____

10. Is there anything else you would like to mention about the applicant? _____

Signature

Please Print Signature

Date