San Juan CASA Volunteer Application
San Juan CASA Program of Childhaven
807 West Apache (mailing address)
815 W. Apache (physical address)
Farmington, NM  87401
(505) 325-5358 ext. 180, 181 or 182
(505) 326-3085 – Fax
Email:  volunteersup@childhavennm.org

Date: ________________

Name: _______________________________________________________
First   Middle   Last

Address: _______________________________________________________

City: ______________________  State: _____  Zip: ____________________________

Phone: (Home)__________________  (Work) ____________ (Cell)__________________

E-mail: ____________________________

Are you 21 years old or older? : _________________________

Name of Contact person in case of emergency: _____________________________

Phone: ____________________________  Relationship: _________________

How did you hear about this program? ____________________________

Current Employer: ___________________________________________________

Address: ___________________________________________________________

Phone: ____________________________

What days and hours are you available to work for this program?
Days: ____________________________  Hours: ____________________________

Revised on 11/27/15
Please list any additional employment or personal commitments that may restrict your time to the program:
________________________________________________________________________
________________________________________________________________________

Please list any Hobbies and/or Special Interests:
________________________________________________________________________

WE WILL USE THE EMPLOYER LISTED ABOVE AS ONE OF YOUR REFERENCES. PLEASE LIST FOUR ADDITIONAL REFERENCES WE MAY CONTACT, ONE REFERENCE MUST BE A RELATIVE. BE SURE TO GIVE COMPLETE AND CURRENT ADDRESSES AND PHONE NUMBERS.

NAME: ____________________________________________________________
ADDRESS: ___________________________________________________________
CITY: _______________________ STATE: _______ ZIP: _________________
PHONE: Home: ________________ Work or Cell: ___________________
RELATIONSHIP: ____________________________________________________

NAME: ____________________________________________________________
ADDRESS: ___________________________________________________________
CITY: _______________________ STATE: _______ ZIP: _________________
PHONE: Home: ________________ Work or Cell: ___________________
RELATIONSHIP: ____________________________________________________

NAME: ____________________________________________________________
ADDRESS: ___________________________________________________________
CITY: _______________________ STATE: _______ ZIP: _________________
PHONE: Home: ________________ Work or Cell: ___________________
RELATIONSHIP: ____________________________________________________

NAME: ____________________________________________________________
ADDRESS: ___________________________________________________________
CITY: _______________________ STATE: _______ ZIP: _________________
PHONE: Home: ________________ Work or Cell: ___________________
RELATIONSHIP: ____________________________________________________

USE THE BACK OF THE PAGE IF YOU NEED ADDITIONAL SPACE TO RESPOND TO THE FOLLOWING QUESTIONS:

1. Give a brief description of your employment background:

2. Give a brief description of your education and training background:
3. List any special skills and/or interests you may have (computer skills, fundraising, childcare experience, etc.):

4. Please list the reason(s) you are interested in volunteering:

5. What do you hope to gain through your volunteer work with Childhaven/CASA?

6. Have you ever personally experienced or worked with any of the following?
   _____ Foster Care
   _____ Juvenile Court System
   _____ Other agencies offering services to Child Care
   _____ Other agencies offering services to a child

   If so, please explain:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. Working closely with abused and neglected children can be stressful. Describe the types of support available to you:

8. Do you have any difficulties with your health that may limit your ability to perform your duties?

   If so, please describe:

9. How long have you resided in San Juan County? In New Mexico?

10. Do you speak any other language besides English (i.e. Spanish, Navajo, etc.)?
11. Are you able to commit to the volunteer program at the San Juan CASA Program for one year?

12. Can you commit to attending In-services and supervision required?

13. Is there anything else you would like to let the San Juan CASA Program know about yourself?

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU WANT TO SUBMIT.

__________________________________________                        ____________
Applicant’s Signature       Date

Childhaven is an “Equal Opportunity Employer”. Opportunities for employment, advancement, training and compensation are equal for applicants and employees regardless of race, color, creed, national origin, gender, age, marital status, sexual orientation or disability at all levels of employment.

I understand that Childhaven will conduct background searches to include but not limited to the following: State Court, Sex Offender Registries, State, Local, & Federal Law Enforcement, Motor Vehicle Reports, SSN Verification and the Children, Youth & Family Departments.

Rejection Policy
A CASA volunteer applicant will be rejected if the applicant is 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 a child or the San Juan CASA Program’s credibility.

Revised on 11/27/15
SAN JUAN COUNTY CASA PROGRAM
VOLUNTEER REFERENCE REQUEST

Re: _______________
Date: ______________

Dear ________________,

The above referenced applicant has applied as a volunteer to our program and has given you as a reference. CASA volunteers provide information on children who are abused and neglected, making recommendations to the Court as to a child's best interest. This reference form will be used to assess the applicant’s ability to carry out the role of a Court Appointed Special Advocate. Selected applicants will receive a minimum of 30 hours of training and ongoing program supervision. Your information will enable us to assess the applicant's ability to serve as a CASA Volunteer. Please use the enclosed envelope to return this Questionnaire. Thank you.

(ALL INFORMATION RECEIVED WILL BE HELD CONFIDENTIAL IN EVERY RESPECT)

1. In what capacity have you known the applicant? ________________________
   For how long? ________________

2. How well do you know the applicant? Very well ___Well ___ Average ___
   Good ___ Extreme Conflict ___ Doesn’t Apply____

3. Applicant's relationship to own children, if applicable? Good____ Average ___
   Mild Conflict____ Extreme Conflict____ Doesn’t Apply____

4. Applicant's relationship to youth in general. (Check as many as are applicable)
   Understanding____ Impatient____ Patient____ Well Liked____ Friendly____
   Distant____ Stern____

5. Applicant's relationship with people in general. (Check as many as are applicable)
   Warm____ Shallow____ Sincere____ Cool____ Loyal____ Shy____

6. How would you describe the applicant's friendships? (Check as many as are applicable)
   Many friends constantly changing____ Few friends constantly changing____
   Many friends loyal____ Few friends loyal____ Average____ No friends____

7. How would you rate applicant's health? Average____ Good____ Fair____Poor____
8. Check as many of the following as describe the applicant. Domineering____ Cooperative____
   Leader____ Follower____ Confident____ Happy____ Unhappy____ Friendly____
   Considerate____ Stubborn____ Moody____ Assertive____ Reserved____ Lazy____
   Nervous____ Well-adjusted____

9. To what extent is this applicant aware of his/her shortcomings?
   Feels she/he has none____ Strives to overcome them____ Ignores them____
   Accepts them____ Unknown____

10. Check those of the following that describe the applicant's temperament? Stable____ Easily
    upset____ Impatient____ Patient____ Hot-tempered____

11. Do you consider this applicant emotionally stable? Yes____ Usually____
    If no, why not? ________________________________

12. Describe the applicant's ability to be flexible? Excellent____ Good____ Average____ Fair____
    Poor____

13. How does the applicant assume responsibility? Excellent____ Good____ Average____ Fair____
    Poor____

14. How well does applicant finish projects or activities begun? Very well____ Well____
    Average____ Fair____ Poor____

15. How would you rate the applicant's ability to handle confidential information? Excellent____
    Good____ Fair____ Poor____ Cannot maintain confidentiality____

16. How would you rate the applicant's ability to be objective, not judging other's behavior or
    lifestyles?
    Very accepting of others____ Somewhat bothered by lifestyles different than own____ Critical of
    others who live and act differently____

17. Is this applicant critical or somewhat bothered by different ethnic backgrounds? No____ Yes____
    If yes, explain ___________________________________

18. In your opinion, has the applicant ever had a drug or alcohol problem? No____ Yes____
    If yes, explain ___________________________________

19. Has the applicant ever had his/her driver's license revoked or suspended? No____ Not to my
    knowledge____ Yes _____ If yes, explain ___________________________________

20. Has this applicant ever been accused, arrested, or convicted of a crime? No____
    Not to my knowledge____ Yes _____ If yes, explain ___________________________________

21. In a few words, please summarize what your overall reaction or feelings are towards this applicant.
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

22. Would you be comfortable having the applicant as an Advocate for a member of your family?
    Yes____ No____ If no, why not? ________________________________

SIGNATURE: ________________________________   DATE: ________________