

## Jackson County CASA, Inc. VOLUNTEER APPLICATION

### **VOLUNTEER JOB DESCRIPTION**

A CASA (Court Appointed Special Advocate) volunteer is a trained volunteer child advocate sworn in by the Youth Court Judge to represent the best interest of children who are abused and neglected and are active cases in the Juvenile Court System. The CASA volunteer investigates the child's circumstances, provides fact-based information and makes recommendations to the court while becoming a source of support for the child. The CASA volunteer will provide a voice for the child, ensuring that the court, social services and legal counsel fulfill their obligations to the child in a timely fashion.

### **QUALIFICATION REQUIREMENTS FOR A CASA VOLUNTEER**

In order to become a CASA volunteer an applicant must

- Be at least 21 years of age
- Successfully pass screening requirements that include a written application, Criminal records checks from the court jurisdiction in which the applicant currently resides and works, state criminal records checks, Child Abuse Registry checks, Social Security number verification, national criminal database checks, National Sex Offender Registry checks; if applicant has resided in another county or state in less than 7 years, and that jurisdiction is not covered by the national criminal background check utilized, it requires the program to secure county and state criminal record checks and/or child abuse registry or child protective services check, where permissible by law, in any county and or state in which the applicant has resided in the past seven years; personal interview with CASA staff and three personal references; rescreening required every four (4) years
- Successfully complete initial training provided by the CASA Program
- Be able to make an eighteen month minimum commitment to a case
- Accept supervision, maintain regular contact with CASA staff, and seek feedback from the CASA staff on a regular basis.
- Be able to keep information confidential and to work within established program guidelines

### **RESPONSIBILITIES OF A CASA VOLUNTEER**

As a volunteer for Jackson County CASA, Inc. you have a responsibility to represent this Program and our clients with respect, dignity and professionalism. It is essential that you carry out your role in accordance with the guidelines provided in *The National CASA Volunteer Training Curriculum* as well as those provided by our Program. Below is a list of the basic responsibilities of a CASA volunteer as set forth by Jackson County CASA, Inc.

- Maintaining contact with the CASA staff is critical to your role as a volunteer.
- Conduct an Independent Investigation.
- Determine the Best Interest of the Child while maintain objectivity and confidentiality.
- Ensure that the child's best interests are being represented in all facets of the case.
- Be prepared for and attend Court Hearings; a verbal or written report is required.
- Keep the CASA staff, Department of Human Services and the Guardian ad Litem informed of your findings related to the assigned case.
- Plan meetings or prepare Motions when necessary.



- Monitor the case by visiting the child as often as necessary. Weekly contact and one monthly face-to-face meeting are required.
- Remain actively involved in the case until formally discharged by the court and/or the CASA Program.
- Provide the CASA staff with a monthly *Case Management Log* documenting all of your monthly activity.
- Abide by all laws and regulations governing your activities.
- Ask to be removed from involvement in a case if you discover any conflict of interest.
- Immediately disclose critical information to appropriate authorities and CASA staff.

## **VOLUNTEER TRAINING**

Jackson County CASA, Inc. staff and other professionals shall conduct a training class that the volunteer applicant must complete. The *National CASA Volunteer Training* and *Fostering Futures* curriculums, guest speakers and other appropriately related materials will be used for the training program. The volunteer applicant must participate in a minimum of thirty (30) hours of training as well as observation of at least three (3) related Court Hearings involving CASA. The volunteer applicant is eligible to observe Court only after passing the criminal and child abuse registry checks, Social Security verification, all personal references are returned and verified, and completion of the volunteer training. An additional twelve (12) hours of in-service training will be held annually.

## **BENEFITS OF BEING A CASA VOLUNTEER**

The role of a CASA volunteer is very rewarding. Not only will you make a difference in the life and future of a child who is the victim of abuse and/or neglect, you will have the opportunity to learn about the juvenile court system, social service agencies and, ultimately, yourself. By providing the voice for these deserving children you are helping to end the cycle of abuse and neglect.

Jackson County CASA, Inc.  
VOLUNTEER APPLICATION

Please Print

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

How long have you lived in Jackson County?: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

List all addresses from the past seven (7) years (attach additional paper as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work number: \_\_\_\_\_

Which number is best to reach you? \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Do you drive? \_\_\_\_\_ If yes, do you have available transportation? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

In case of a natural disaster such as a hurricane, please provide the name and contact information of a person out of the area that can serve as your source of contact. Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FORMAL EDUCATION, COMMUNITY INVOLVEMENT, VOLUNTEER EXPERIENCE, etc.**

Highest school/education completed: \_\_\_\_\_

Current community activities (attach additional paper as necessary): \_\_\_\_\_

\_\_\_\_\_  
List current and previous volunteer work, including brief description of duties and activities, dates of service; use additional paper as necessary): \_\_\_\_\_  
\_\_\_\_\_



**VOLUNTEER COMMITMENT:**

As a CASA volunteer you will be required to attend Court Hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? \_\_\_\_\_

Are you willing to commit to eighteen (18) months of volunteer service? \_\_\_\_\_

What are your reasons for wanting to participate as a CASA volunteer member? \_\_\_\_\_

Have you had any personal experience(s) involving any of the following?

Child Welfare: \_\_\_\_\_ Foster Care: \_\_\_\_\_

Court System: \_\_\_\_\_ Any agency offering child services? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

How did you learn of our program? \_\_\_\_\_

**BACKGROUND INFORMATION:**

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

If yes, what was the charge? \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Where?: \_\_\_\_\_

Do you consent to a routine check of your criminal records? \_\_\_\_\_

Can you think of any reason why a judge or anyone else might be reluctant for you to serve as a CASA volunteer? \_\_\_\_\_

Have you or any family member or relative been involved in the Youth Court? \_\_\_\_\_

**REJECTION OF APPLICANT:**

Jackson County CASA, Inc. reserves the right to reject the volunteer applicant if, but is not limited to, the following reasons:

- If he/she refuses to sign release of information
- 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 children or the CASA Program’s credibility



**PERSONAL REFERENCES:**

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or voluntary capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Jackson County CASA, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.*



**Part Two**

**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all the answers provided on my volunteer application are true. I hereby authorize Jackson County CASA, Inc. and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining 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 training and met all other requirements, and it has been determined that I am a suitable volunteer, I will be expected to serve a minimum of one year in the 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.

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (CASA Program staff)

*Please return completed application to Jackson County CASA, Inc.  
4903 Telephone Road, Pascagoula, MS 39567  
Phone: 228-762-7370 Fax: 228-762-7385*



**PERMISSION FOR BACKGROUND and SOCIAL SECURITY VERIFICATION CHECKS**

To Whom It May Concern:

I hereby authorize Jackson County CASA, Inc. to conduct an investigation on my background in conjunction with program guidelines.

I further authorize any Mississippi law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to Jackson County CASA, Inc. Further, this release is authorized to obtain information from the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children.

I execute this release with the full knowledge and understanding that the information to be obtained about me is for official use of Jackson County CASA, Inc.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Previous Names (Maiden, etc)

\_\_\_\_\_  
Social Security Number Date of Birth

Current Address: \_\_\_\_\_

Previous Addresses for the past FIVE YEARS (5): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LAW ENFORCEMENT USE ONLY**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Record found:  Yes  No

\_\_\_\_\_  
Signature Title

