



CASA of Lea County
Court Appointed Special Advocate
Fifth Judicial District Court · Lea County, NM
501 N Linam · Hobbs, NM 88240
(575) 393-0015 · Fax (575) 433-0015
casamurdock@gmail.com · casaofleacounty.org

Volunteer Application Form

This volunteer application form is designed to serve the same purpose as that of an employment application. This CASA program reserves the right to make any reference checks or inquiries deemed appropriate and necessary on the suitability of any new volunteer (just as reference checks are made on new employees). We trust you will understand this in the spirit intended. **Any checks or inquiries are kept in strict confidence.** Please be aware that our standards for volunteers are high and not all people who apply will necessarily be accepted. Working with abused and/or neglected children as a CASA volunteer is extremely rewarding. We are looking forward to talking to you about becoming part of our dedicated corps of volunteers.

Please print or type

Today's date _____

PERSONAL INFORMATION

Name:

First

Middle

Last

Maiden

Have you been known by any other names? _____

Address: _____

Mailing Address (if different): _____

Telephone #: (h) _____ (w) _____ (cell) _____

May you be called at work? _____ Times easily reached _____

Social Security Number: _____

E-mail: _____

In case of emergency, who can we notify? _____

Phone _____

The National CASA Association requests the following demographic information. In no way will it be used in determining your acceptance into the CASA program. National CASA standards do require that CASA volunteers to be at least 21 years of age.

Ethnicity: _____ Date of birth: _____

Place of birth: _____ In what cities have you resided in the last 7 years?

Records checks will be conducted in your current location and previous locations if you have lived outside the local area in the past 7 years.

Marital status: _____ If married, give spouse's name and occupation.

Name: _____ Place of Work: _____

Children's Names

Date of Birth

Sex

Other Members of Household

Relationship

Do you drive? _____ New Mexico Driver's License #: _____

(Attach a copy of your driver's license and proof of auto insurance.)

Do you have an automobile available to you? _____

Insurance Policy Company & Number _____

What is the current status of your health? _____



EDUCATION *(Circle highest completed)*

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Degree(s): _____

Are you presently enrolled in school? _____ Name of school and course of study:

WORK/VOLUNTEER HISTORY

Are you currently employed? _____ Employed by: _____

Business address: _____

Full time or part time _____ Position: _____

Name and location of last employer or volunteer project: _____

Name and location of previous employer or volunteer project: _____

Do you have experience working with children? Yes ____ No ____ (if yes, please explain. Type of activity/ages of children/professional or volunteer)

List other current community activities and memberships in church, clubs, organizations, etc. _____

Languages spoken: _____

Hobbies/Special Interests: _____

Do you have training or experience in any of the following? (Mark all that apply.)

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug/Alcohol Abuse Programs |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Social Work | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Child Care | <input type="checkbox"/> Advertising/Public Relations |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Art or Graphic Design |
| <input type="checkbox"/> Writing | <input type="checkbox"/> News Media | <input type="checkbox"/> Public Speaking |

How were you made aware of this program? _____

Briefly explain what led to your decision to apply for a position in the CASA program?
(What attracted you to this particular program?)

Are you aware you will be required to complete basic training? _____

Will you be willing and/or able to participate in ongoing training and court appearances?

(If no, please state why) _____

Do you have any personal /employment constraints that may restrict your time? _____

(If yes, please state why.) _____



REFERENCES

Please list three personal references ***not related to you***. If you are employed, one reference should be from your employer. (Other examples: minister, teacher, therapist, etc.) References will be verified.

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Relationship: _____

E-Mail Address: _____



PART TWO

Write a brief essay or paragraph on (1) **one** of the following questions. You may use this page to write your essay or another sheet of paper. Attach your essay to the application and return them to the CASA office at 501 N Linam, Hobbs, NM 88240.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
3. Briefly explain what role you believe society should play in:
 - a) Protecting the rights of children.
 - b) Helping a family overcome hardships and remain living together as one unit.
4. Write a brief autobiography.

EQUAL OPPORTUNITY STATEMENT

It is the policy of CASA of Lea County to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.

CASA of Lea County Pre-Service Screening Policy

I am interested in becoming a CASA volunteer and know of no reason why I should not be assigned a child in the program. I am aware the children in the CASA program have been abused, neglected or abandoned by adults, and since I do not want to be another disappointment to a child, I agree to a minimum commitment of one year (5-15 hours per month) to the child(ren) to whom I am assigned.

As an applicant to volunteer for CASA of Lea County, I understand and acknowledge that:

1. I must interview in person with CASA of Lea County staff prior to being considered for acceptance into this program.
2. As part of CASA's policy, additional personal information will be gathered during the pre-interview process: application, 3 letters of reference, copies of current driver's license, and valid auto insurance. In addition,
3. A Child Abuse/Neglect Central Registry check and a criminal background check will be run on each applicant. The following will exclude an applicant from becoming a CASA of Lea County volunteer: Criminal history (including guilty pleas, pleas of no contest, acceptance of deferred adjudication, and charges, whether pending or not, and regardless of whether an offense is classified as a felony or misdemeanor) involving violence, child abuse or neglect, or sex- or drug-related offenses of an individual or of someone with whom the individual resides or regularly comes into contact, as well as any criminal history involving offenses classified as felonies, will preclude an individual from serving as a volunteer and may preclude an individual from serving as an employee. Driving while intoxicated convictions (including guilty pleas and pleas of no contest) or charges may disqualify individuals from positions involving driving.
4. 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/GAL program's credibility is not accepted as a CASA/GAL volunteer. This policy is stated on the volunteer application form.
5. If an applicant is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of the CASA/GAL program, the CASA/GAL program will consider the extent of the rehabilitation since the misdemeanor or felony was committed as well as other factors that may influence the decision to accept the applicant as a CASA/GAL volunteer.
6. The CASA/GAL program's volunteer selection procedures ensure that those not selected are treated with dignity, respect and, if appropriate, referred to alternative volunteer opportunities.
7. A qualified CASA volunteer who transfers to a new program must complete the full application and screening process.
8. Participation in pre-service volunteer training is required and essential, and including at least 30 hours of training. Attendance to the pre-service training: I understand that I will be required to make-up any missed training session before I can qualify to be sworn in or volunteer with CASA of Lea County. In addition, should it become necessary for me to miss a session, will make every effort to notify the training facilitator prior to the missed session.
9. I am aware that the Pre-Service Training Class is part of the screening process, and that acceptance to participate in Training does not guarantee that I will be sworn in as a CASA volunteer or that I will be assigned to a case. I further understand that either CASA of Lea County or I can choose to discontinue my involvement in the Training/Screening process at any time without further obligation on part of either party. Should either CASA of Lea County or I discontinue my involvement with CASA of Lea County during the training session, I am required to return the volunteer training manual.

As an applicant to CASA of Lea County, I FURTHER understand and acknowledge that:

10. I am not obligated, if called upon, to accept a case herein applied for and that;
11. CASA of Lea County is not obligated, if called upon, to actively seek to assign me a case, and that;
12. I understand that I will need to carry liability insurance on my car. I agree to maintain this minimum liability insurance throughout my participation with CASA. I understand that I must have proof of liability insurance in the CASA volunteer file, and that;
13. As part of CASA of Lea County's policy, additional personal information will be gathered during the pre-interview process, and that;
14. CASA of Lea County retains the right to refuse any individual they feel would not be in the best interest of the program and further, CASA of Lea County is not required to state reason(s) for non- acceptance into the program, and that;
15. CASA of Lea County will hold all information in the volunteer's file in the strictest of confidence. Such information becomes the property of CASA of Lea County and that;
16. I give permission to CASA of Lea County to release information about my application, acceptance, and/or participation in this program to any other CASA program to which I may apply in the future.

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that completing and returning this application does not automatically guarantee that I will be accepted for the CASA of Lea County Program. I hereby authorize CASA of Lea County 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. Falsifying and/or knowingly misrepresenting any information in this application or refusal to sign this release are grounds for denying the application or dismissing the volunteer. I understand that if, during the process and background checks, something is found that is not on the application that could be automatic grounds for not being accepted into the CASA program.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of 12 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA office 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 volunteer. I will discuss CASA case matters only with those persons who are directly involved in the case or who will be consulted for their professional knowledge and expertise.

Signature: _____ Date: _____

Please attach any additional information you want to submit and return completed application to:

CASA of Lea County	casamurdock@gmail.com
501 N Linam	www.casaforchildren.org
Hobbs, NM 88240	www.casaofleacounty.org
Phone: (575) 393-0015	
Fax: (575) 433-0015	

*(The following forms need to be **notarized** before returning to the CASA office.
There is a notary available at the CASA office.)*

(Updated 6/21/19)





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 501 N Linam
 Hobbs, NM 88240
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 www.casaofleacounty.org · casamurdock@gmail.com

Department of Public Safety · PO Box 1628 · Santa Fe, NM 87504-1628

Authorization for Release of Information

I, _____
Print – last name, first name, middle name (maiden) name

Social Security Number Date of Birth

Pursuant to NMSA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico arrest record information act, hereby appoint:

Name (Must be printed) (If no agent, print "Self") Address

As an authorized agent for me for the purpose of inspecting (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety, including information concerning felony or misdemeanor arrests and information obtained from relevant fingerprint databases.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above.

I hereby release the custodian or custodians of such records and the Department of Public Safety and the state of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representatives or any nature because of compliance by said custodian or custodians with this "authorization for release of information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future and is valid for a period of up to 120 days from the date signed, on my heirs, assigns, associates, personal representative or representatives of any nature.

Signature (Must be signed when notarized) Date Signed

(Attention Notary: Ensure this document is signed in your presence and name, date of birth is verified with a valid ID).

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

Notary Public

My Commission Expires





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 www.casaofleacounty.org ▪ casamurdock@gmail.com

Authorization to Inspect/Obtain Police Department Criminal Arrest Records

The foregoing will authorize my representative, Ann Murdock, Volunteer Coordinator of CASA of Lea County, to inspect and/or obtain copies of all arrest information only, concerning me, if any, filed with the _____ Police Department and National Crime Information Center.

I agree to indemnify and hold harmless the City of _____, the Police Department and any of its employees against any liability as a result of my representative reviewing and/or receiving any arrest information concerning me on file with the _____ Police Department.

 Print full name, (last, first, middle, maiden, and other married names.)

Signature (Must be signed when notarized)

 Date signed

 Date of birth

 Social security number

 Driver's License Number

 Street address

 City

 State

 Zip

STATE OF NEW MEXICO)

) **ss.**

COUNTY OF LEA)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

 Notary Public

 My Commission Expires





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AUTHORIZATION/CONSENT – Background First Advantage

During the application process and at any time during the tenure of my volunteer service with CASA of Lea County, Inc., I hereby authorize First Advantage on behalf of CASA of Lea County, Inc. to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Signature (Must be signed when notarized)

 Date Signed

_____-_____-_____
 Social Security Number *

 Date of Birth *

Printed Name _____
 (last first middle maiden)

Street Address _____

City, State, Zip _____

Phone _____

*Driver's License # _____

** For identification purposes only*

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

Notary Public

My Commission Expires





New Mexico Child Abuse & Neglect Check

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Resource Parent. I understand that the check will be used in consideration of my suitability to be a Resource Parent. I release the NM CYFD from liability and otherwise hold CYFD harmless. The Department has my permission to provide the results to:

*Agency Name *Contact Name *Phone #
 *Agency Type: Docket # Court Name
 *Mailing Address: *City *State *Zip
For Agency Use Only E-mail:

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

****Form will be rejected if fields are left blank.****

*First Name *Middle Name If none then NMN. *Last Name

*Aliases, AKA's, Maiden Name, Nickname, Sr. Jr., etc. If none then N/A. Do not leave blank

*Social Security Number 9 digits *Date of Birth mm/dd/yyyy

*Physical Address *City *State *Zip Code

*Place of Birth City, State *Phone #

*Current Spouse / Significant Other: List the full name, DOB and SSN. If none, please indicate N/A in the name field.

Full Name *DOB mm/dd/yyyy *SSN

Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). If none please indicate N/A in the name field.

Full Name DOB mm/dd/yyyy SSN

Full Name DOB mm/dd/yyyy SSN

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. **Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).** If none please indicate N/A in the first name field only.

Full name DOB mm/dd/yyyy

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(es). Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).**

*Street address *City, State *Yr(s) resided

Street Address City, State Yr(s) resided

