



# Court Appointed Special Advocates

200 Washington St., Suite #207  
Watertown, NY 13601  
www.resolution-center.net

## VOLUNTEER APPLICATION

*The following information will be kept strictly confidential.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently employed:  Yes  No If Yes,  Full-Time or  Part-Time

Present Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Education: Name Location Degree/Year Graduated

High School: \_\_\_\_\_

Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Other Training: \_\_\_\_\_

Volunteer Experience and Experience working with children (*Membership in clubs, faith communities, professional groups, etc.*):

Organization Dates Involved Type of Experience

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have you lived outside of New York State in the past five (5) years?  Yes  No

Are you prepared to complete 35 hours of pre-service training and a minimum of six hours per year of in-service training?

Yes  No

Does your schedule permit you to attend meetings and visitations during the weekday 8am-8pm?  Yes  No

Does your schedule permit you to attend meetings and visitations on Saturdays 8am-4pm?  Yes  No

Are you prepared to commit to at least one year of volunteer service?  Yes  No

Languages spoken, other than English \_\_\_\_\_

Hobbies/Special Interests/Training \_\_\_\_\_

Do you have any cases pending in any court?  Yes  No If yes, please explain: \_\_\_\_\_

Have you been convicted of a crime as an adult?  Yes  No If Yes, please explain: \_\_\_\_\_

(A conviction will not bar you necessarily from becoming a volunteer.)

Have you ever been involved with the child protective system or family court?  Yes  No If Yes, please explain: \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No Class of driver's license: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Driver license number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Can you provide proof of a valid automobile insurance policy?  Yes  No Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Please list three references of people who know you well, other than relatives. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

<u>Name</u>	<u>Address or Email</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I, \_\_\_\_\_ **agree to be photographed** by the staff members and its agents of the Resolution Center of Jefferson & Lewis Counties, Inc. The photos may be used (i.e. :on the agency website, Facebook page, agency newsletter) to promote The Court Appointed Special Advocates program.

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Court Appointed Special Advocates of Jefferson County and other appropriate agencies and provide the necessary information for them to secure the following record checks: criminal records from the court jurisdiction in which the applicant currently resides and works; state criminal records; FBI or other national criminal database; National Sex Offender Registry; child abuse registry or child protective services where permissible by law; and social security number verification. If you refuse to sign a release of information form or submit the required information or fingerprints for any of the checks required, Court Appointed Special Advocates of Jefferson County will not accept your application.

Any applicant found to have been convicted of, or have 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 our program's credibility is not accepted as a Court Appointed Special Advocates volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Court Appointed Special Advocates volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the Court Appointed Special Advocates 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 Court Appointed Special Advocates 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 Court Appointed Special Advocates program and their desire to provide quality services to abused and neglected children, my services as a Court Appointed Special Advocates volunteer will be terminated.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed and signed application to:  
Court Appointed Special Advocates Program Director, 200 Washington St, Suite 207, Watertown, NY 13601