



**LASALLE COUNTY
COURT APPOINTED SPECIAL ADVOCATES (CASA)**

APPLICATION

It is the policy of LaSalle County CASA to provide equal opportunity to all applicants based on qualifications, abilities, and without regard to race, ethnicity, religion, sexual orientation, creed, gender, age, national origin, marital status or handicap.

PERSONAL HISTORY

NAME: _____
(FIRST) (MIDDLE) (LAST)

HOME ADDRESS: _____
(STREET) (CITY) (ZIP)

MAILING ADDRESS: _____
(IF DIFFERENT) (STREET) (CITY) (ZIP)

List Full Addresses of Residences for last 7 years:

Street	Town	State	Zipcode

HOME PHONE: _____ WORK: _____

FAX: _____ MAY WE CALL YOU AT WORK? _____

EMAIL ADDRESS: _____

OCCUPATION: _____

CURRENT EMPLOYER (name, address): _____

EMERGENCY CONTACT PERSON (NAME, ADDRESS AND PHONE):

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? IF YES, PLEASE EXPLAIN.

HAVE YOU EVER BEEN THE SUBJECT OF A CHILD ABUSE/NEGLECT INVESTIGATION?
IF YES, PLEASE EXPLAIN:

HAVE YOU HAD ANY MOVING VIOLATIONS OR ACCIDENTS IN THE PAST 3 YEARS?
IF YES, PLEASE EXPLAIN.

DO YOU HAVE RELIABLE TRANSPORTATION?

**DOB: _____ **SSN: _____

**DRIVER'S LIC. #/STATE: _____ **Height: _____ **Eye Color: _____

**Hair Color: _____ **Birthplace (state): _____

****PLEASE NOTE:** Candidates are required to have a fingerprinted background check per FBI, Illinois State Police and local law enforcement as well as child abuse registry and sex offender data base search. In addition, a motor vehicle record and social security number verification will be done. If you have resided out of state in the last seven years, searches will also be done in those states and localities.

EDUCATION

Please check any that apply:

I have acquired a GED or High School Some College Associate Degree

Technical School or Certifications Bachelor Degree Master Degree Doctorate

SCHOOL

YEAR GRADUATED

DEGREE

MAJOR

POST GRADUATE _____

COLLEGE _____

COMMUNITY COLLEGE _____

HIGH SCHOOL _____

WORK EXPERIENCE

TELL US ABOUT YOUR WORK EXPERIENCE. START WITH YOUR CURRENT OCCUPATION AND LIST IN REVERSE CHRONOLOGICAL ORDER YOUR EMPLOYMENT FOR THE LAST 7 YEARS.

DATES

EMPLOYER

JOB TITLE

VOLUNTEER EXPERIENCE

PLEASE LIST THE ORGANIZATION, TASKS, LENGTH OF SERVICE

SPECIAL INTERESTS, ACTIVITIES, AND TALENTS (i.e. professional, social, recreational, educational, languages)

AVAILABILITY

ARE YOU WILLING TO MAKE AN 18 MONTH COMMITMENT OF VOLUNTEER SERVICE? _____

APPROXIMATELY HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER? _____

DO YOU HAVE ACCESS TO A COMPUTER FOR THE PURPOSES OF COMPLETING COURT DOCUMENTS?

WOULD YOU BE WILLING/ABLE TO ATTEND COURT HEARINGS DURING DAYTIME HOURS?

REFERENCES

PLEASE LIST THREE REFERENCES WHO HAVE KNOWN YOU DURING THE LAST THREE YEARS: (do not use relatives.) Please include at least one reference from paid or volunteer experience. (See attached reference letters.)

(NAME/RELATIONSHIP) (ADDRESS) (TELEPHONE)

(NAME/RELATIONSHIP) (ADDRESS) (TELEPHONE)

(NAME/RELATIONSHIP) (ADDRESS) (TELEPHONE)

ESSAY INTERVIEW QUESTIONS

What interests you about CASA?

Briefly explain your philosophy of parenting and discipline, including rights and responsibilities of both parents and children.

Have you or anyone in your family had experience or exposure to the issues of substance abuse, domestic violence, or child abuse and neglect?

What would be the hardest part of being an advocate to a child who has been the victim of child abuse and/or neglect?

How do you feel about working with parents or other individuals who may not be cooperative/friendly?

When working on a case, you may reach a difference of opinion from all parties involved with the case. Describe how this would make you feel and how you would handle the situation?

What are your expectations about being an advocate? What to you would constitute success as an advocate?

Please describe a time in which someone made a difference in your life?

DEMOGRAPHICS

The following information is requested solely for demographic purposes and will be utilized exclusively for planning, recruitment, and training by the CASA program. It will not be distributed, exchanged, or sold to other individuals or organizations. COMPLETION OF THIS SECTION IS OPTIONAL

Ethnicity: Please circle one

African-American Arab/Middle Eastern Multi-racial _____
Hispanic/Latino Native American Other _____
Caucasian Asian/Pacific Islander

Annual Household Income: Please circle one

Below \$20,000 41,000-50,000 71,000-80,000 101,000+
20,000-30,000 51,000-60,000 81,000-90,000
31,000-40,000 61,000-70,000 91,000-100,000

I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION ACCURATELY AND COMPLETELY AND THAT I AM OVER 21 YEARS OF AGE WITH A HIGH SCHOOL DIPLOMA OR EQUIVALENCY, AND FURTHER GIVE PERMISSION FOR CRIMINAL AND DCFS BACKGROUND CHECKS.

SIGNATURE OF APPLICANT

DATE