



IOWA CHILD ADVOCACY BOARD VOLUNTEER APPLICATION FORM



Please complete the highlighted areas.

Volunteer position are you applying for (CASA or FCRB):

How did you hear about our program:

LEGAL HISTORY:

Have you ever been convicted of a crime? Yes or No:

If yes, please explain:

Have you ever been involved in a juvenile court case as an adult or a child? Yes or No:

If yes, please explain:

Have you ever been the subject of a child abuse investigation? Yes or No:

If yes, please explain:

Are you contracted to provide DHS services: Yes or No:

If yes, please explain:

Are you a licensed foster parent providing foster care? Yes or No

Are you an employee of the Department of Human Services (DHS), the Department of Inspections and Appeals (DIA), the District Court, or an agency contracting with DHS for services for children in foster care? Yes or No

Check all that apply:

Former Foster Parent

Former Foster Child

Adoptive Parent

Adopted as a Child

Which county do you wish to volunteer for:

TRANSPORTATION FOR CASA APPLICANTS ONLY:

Is a vehicle suitable for transporting a child available to you? Yes or No:

Do you have a valid driver's license? Yes or No: _____
Is the vehicle you will use properly insured? Yes or No: _____

Full Name: _____
Maiden Name: _____
Alias: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Ethnicity: _____

Date of Birth: _____
City & State of Birth: _____
Gender: _____
Race: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Primary Language: _____
Secondary Language: _____

EMPLOYMENT/VOLUNTEER HISTORY:

Occupation: _____
Occupation Status: _____
Place of Employment: _____
Address: _____
City: _____
State: _____
Zip Code: _____

Other Occupation: _____
Household Income: _____
Employment Phone: _____
Employment Email: _____
Employment Fax: _____
May you be called at work? _____

Emergency Contact: _____
Address & Phone: _____

To what community organizations do you belong? Include offices held.

Name of Spouse: _____
Spouse's Occupation: _____

Children: _____

Children's Birth Dates: _____

Other Members of Household:

Relationship of Household Members:

EDUCATION / TRAINING / EXPERIENCE:

Do you have a High School Diploma? Yes or No

If yes, name of school/year graduated:

Do you have a college degree? Yes or No

If yes, name of college and years attended:

College degree(s) held:

Other educational/training programs completed:

Check the following areas that you have training and/or work experience.

	Art/graphics		Health Care
	Child Care		Law Enforcement
	Child Development		Mental Health
	Counseling		News Media
	Criminology		Psychology
	Drug/alcohol abuse		Public Speaking
	Education		Writing

If yes, please describe:

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PERSONAL REFERENCES:

Please enter names, complete addresses, and phone numbers of people who have known you for at least five years, who know you well and can address how you related to children and people in general, and how well you could fulfill the responsibility of a Iowa Child Advocacy Board (ICAB) Volunteer. Do not include relatives. ICAB Staff will contact the references you list.

First/Last Name:

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Address 1:

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Address 2:

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City, ST, Zip Code:

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Phone:

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Email:

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Relationship:

--

Length of Acquaintance:

--

First/Last Name:

--

Phone:

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Address 1: _____
Address 2: _____
City, ST, Zip Code: _____

Email: _____
Relationship: _____
Length of Acquaintance: _____

First/Last Name: _____
Address 1: _____
Address 2: _____
City, ST, Zip Code: _____

Phone: _____
Email: _____
Relationship: _____
Length of Acquaintance: _____

Unfortunately not every individual who applies to become an ICAB volunteer is accepted. The information provided during the pre-training interview, the Foundations of Child Advocacy Training, this application, reference checks and background checks will be used to determine your suitability as an ICAB volunteer. If for some reason it is determined that you are not suitable for either the CASA or FCRB program you will be notified as quickly as possible once that determination has been made.

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers on this volunteer application for the Iowa Child Advocacy Board are true to the best of my knowledge. I understand that falsifying information on this application or during the screening process is possible grounds for dismissal. I understand that the information requested in this application will be used only for the purpose of determining my suitability to become an ICAB volunteer. I am aware of the sensitive and confidential nature of the office documents, reports and other materials I will examine in my capacity as an ICAB volunteer.

CASA Applicants: I hereby authorize the Iowa CASA Program to investigate my background to determine my suitability as a potential CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child or children to whom I am assigned are under the court's jurisdiction. I will discuss the contents of confidential material only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

FCRB Applicants: Upon successful completion of training, I understand that I will commit to serve a two-year term with the local review board. As a FCRB volunteer I will not disclose any information I obtain through this volunteer opportunity.

Applicant e-Signature: _____
Date: _____

Return to: Iowa Child Advocacy Board
Address 1
Address 1

OFFICE USE ONLY	
Date Submitted:	_____
Date Reviewed:	_____
Date CPI's Mailed:	_____
Ref Checks Completed:	_____

City, State, Zip

Coordinator:

Interview Date:	<input type="text"/>
Training Completed:	<input type="text"/>

ICAB is an equal opportunity employer committed to providing culturally diverse volunteer programs.