

Volunteer experience: _____

Do you drive? _____ Do you have regular access to a car? _____

Auto Insurance Company: _____ Policy Number: _____

Please list any languages that you speak other than English: _____

What volunteer opportunities interest you?

- | | |
|--|-------------------------------------|
| _____ Administrative / Technical Volunteers | _____ CASA Volunteers |
| _____ Blue Ribbon Volunteers | _____ Research Aides |
| _____ Parenting Class / Support Group Facilitators | _____ Children's Program Volunteers |
| _____ Special Events / Fundraising | _____ Public Education / Outreach |
| _____ Other (Please describe) _____ | |

What days of the week/time of day are you available to volunteer? _____

How did you become aware of the volunteer opportunities with SCAN? _____

SECTION II (to be completed by all applicants)

As a volunteer with SCAN, SCAN will conduct a background check with the Virginia State Police Department, the Virginia Department of Social Services Central Registry, and background checks in any states that you have resided in during the past five years.

Individuals will be rejected if found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or a related act that would pose a risk to children.

Have you ever worked as a Court Appointed Special Advocate (CASA), Parent Education Program (PEP), or Parent Support Group (PSG) volunteer with another program? Where?

Are you aware that you will be required to complete a training course prior to working with the CASA, PEP, and PSG programs?

Have you ever been charged with and/or convicted of a felony or misdemeanor? Please explain.

What strengths do you feel you can bring to the program?

1. _____
2. _____

What weaknesses do you feel you might bring to the program?

1. _____
2. _____

Have you had personal or professional experience involving:

1. Child Abuse _____
2. Child Welfare _____
3. Foster Care _____

Please write a brief statement on why you have chosen to volunteer with SCAN: _____

What are your beliefs regarding the use of corporal punishment as a means of discipline?

What is your opinion of parents who use corporal punishment as a means of discipline?

(Feel free to attach up to one additional page if your answers to the previous questions require more space.)

REFERENCES

Please list three references of people who know you well, preferably someone for whom you have worked in a paid or unpaid capacity. **(Do not list relatives.)** If you are currently employed please include your supervisor. Please list complete addresses, including zip codes. Please write clearly and please indicate each person's title (Ms., Mr., Mrs., Dr.).

1. Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ E-mail: _____

2. Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ E-mail: _____

3. Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____ E-mail: _____

SECTION III (to be completed by all applicants)

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by signing this application I authorize SCAN of Northern Virginia to complete record checks through the Virginia State Police Department, the Virginia Department of Social Services Central Registry, and any states that I have resided in during the past five years. All information will be held in the strictest of confidence.

Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of a SCAN Volunteer. No individual will be rejected because of race, color, religious creed, national origin, sex, sexual orientation, age, or marital status.

Applicant's Signature

Date



SECTION IV (for CASA Program applicants only)

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand by submitting this application, I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that by signing this application I authorize SCAN of Northern Virginia and the Alexandria/Arlington CASA Program to complete record checks through the Virginia State Police Department, the Virginia Department of Social Services Central Registry, and any states in which I have resided during the past five years. All information will be held in the strictest of confidence.

Having considered the opportunities and responsibilities involved, I offer my services as a Court Appointment Special Advocate for the Alexandria/Arlington Juvenile and Domestic Relations District Court and agree to follow all guidelines set forth by the Alexandria/Arlington CASA Program. Specifically, I will keep all information and knowledge acquired during my involvement with the program confidential.

Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of a Court Appointed Special Advocate. No individual will be rejected because of race, color, religious creed, national origin, sex, sexual orientation, age, or marital status.

Applicant's Signature

Date

Please return completed application by mail or fax to:
SCAN of Northern Virginia
1705 Fern Street, 2nd Floor Alexandria, VA 22302
Phone 703-820-9001 Fax 703-820-9002 www.scanva.org