



Clatsop CASA Program

Court Appointed Special Advocates

818 Commercial Street – Suite # 401
PO Box 514, Astoria, OR 97103
Tel: 503-338-6063
casa@clatsopcasa.org

APPLICATION PACKET CONTENTS:

- Cover Letter To Applicants
- Clatsop CASA Program Description – What a CASA Is
- What a CASA Isn't
- ☐ Volunteer Application
- ☐ References List
- ☐ 4 Letters of Reference Forms
- ☐ Consent for DHS/Child Welfare Records Check
- ☐ Consent for Criminal History Check
- ☐ Volunteer Driver Agreement (two copies - sign both, keep one, send one back)
- ☐ Professional Liability & Auto Insurance Information Form
- ☐ Clatsop CASA Program Inc., Confidentiality Policy

Please return all completed forms to:
Clatsop CASA Program, Inc.
PO Box 514
Astoria, OR 97103



Clatsop CASA Program

Court Appointed Special Advocates

818 Commercial Street – Suite # 401
PO Box 514, Astoria, OR 97103
Tel: 503-338-6063
casa@clatsopcasa.org

Dear CASA Applicant,

Thank you for your interest in the Clatsop CASA Program. Enclosed is an information/application packet which contains general information about CASA, an application form, four reference forms, criminal history and child welfare records check consent forms, and an automobile insurance form.

To become a CASA:

1. Complete the **application form** and the **auto insurance form**. Complete the “applicant” portion of the “**Consent for Criminal Records Check**” form and the “**Child Welfare Check**” form and return all of those forms to this office.
2. Distribute the **reference forms** to four people who know you; describe the CASA program to them, explain why you want to volunteer and ask them to provide a reference for you. Please have each of the references complete a form and mail the form directly to CASA at the office address listed above.
3. Register for CASA training through the Clatsop CASA Office (503-338-6063). The **pre-training interview** will take place to discuss any questions you or the CASA staff may have. The training takes place over six to eight weeks, and covers the child welfare system, CASA roles and responsibilities, abuse and neglect issues, Juvenile Court process, and advocacy skills. To be sworn as a CASA, you must participate (or make arrangements to make up) all training sessions.
4. Attend **two juvenile court hearings** and write a **mock court report** for review by a CASA staff member.
5. Participate in a **post-training interview** with CASA staff.

Once the above steps are completed and both you and CASA staff agree you should become a CASA, you will be sworn in by a Juvenile Court Judge and be eligible to take a case.

Again, thank you for your interest in CASA, and if you have questions, please call me at (503) 338-6063.

Sincerely,

Lauren Wilson
Executive Director



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WHAT IS A CASA?

- A Court Appointed Special Advocate is a community volunteer who has been carefully trained to advocate for a child who has been abused and/or neglected. Every day in the United States over 8,700 children are reported as abused or neglected and, each year, more than 600,000 children experience foster care. CASA volunteers are citizens who give their time and energy to speak on behalf of a child. Nationwide, there are over 77,000 CASA volunteers who help more than 230,000 abused and neglected children. CASA volunteers work to ensure that children who are in the court/child welfare system due to abuse and/or neglect will have a safe, nurturing, permanent home as soon as possible.

HOW GREAT IS THE NEED FOR CASAS?

- In 2012, 47 Clatsop CASA volunteers served 102 children who were wards of the court because of child abuse and/or neglect. However, 41 children ended the year with their cases being monitored by CASA staff, while waiting for their own CASA volunteer. We do not have enough volunteers to meet the needs of the children entering the child welfare system in our county. The number of children in care can change dramatically and without advance notice at any time. We remain in need of additional volunteers to be able to meet the needs of abused and neglected children who enter the dependency court and child welfare systems.

HOW MANY CASAS ARE THERE IN CLATSOP COUNTY?

- Currently there are 29 active CASA volunteers working in Clatsop County. This will change as volunteers' circumstances and ability to remain active CASAs change. Our goal is to maintain a group of around 50 active volunteers who are willing to take on the challenge of advocating for children whose lives have been disrupted by abuse and neglect.

HOW IS THE PROGRAM SUPPORTED?

- Clatsop CASA is supported by the generosity of this community, including individuals, the cities and the county. Additional funding comes from state dollars, donations made through United Way, and corporate sponsors. Foundation and grant funding are also very important in supporting our organization.



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WHAT A CASA ISN'T:

- A CASA does not provide services to the children to whom they are assigned or to their families
- A CASA is not a counselor or a therapist to the child or family
- A CASA is not a mentor or a “Big Brother/Big Sister” to the child
- A CASA is not a caregiver for the child
- A CASA does not typically supervise visits between parents and children; CASAs may be present during those visits but not as a supervisor
- A CASA is not a parent advocate
- A CASA is not the child’s attorney and so does not have the obligation to advocate for what the child wants (although that may be taken into consideration), but rather for what the CASA believes in the child’s best interests
- A CASA is not a crisis counselor and should not be a part of a family’s crisis plan
- A CASA is not a surrogate parent or family member
- A CASA does not have contact with the media regarding the case or the children
- A CASA helps resolve a case but does not become a part of that resolution
- A CASA does not mediate between family members, except through recommendations to the court or caseworker



Clatsop CASA Program, Inc.

Court Appointed Special Advocates for Children

PO Box 514 Astoria, OR 97103

Tel: 503-338-6063

email: casa@clatsopcasa.org

VOLUNTEER APPLICATION

Name: _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Employed? ☐ Yes ☐ No If yes, ☐ Full time ☐ Part time

Employer: _____

Position: _____

May you be contacted at work? ☐ Yes ☐ No

♦ Social Security No. _____ ♦ Driver's License No. _____

♦ Race/Ethnicity: _____ ♦ Date of Birth: _____

♦ Are you bi-lingual and/or bi-cultural? ☐ Yes ☐ No

If yes, what language(s)? _____ Which culture(s)? _____

♦ Do you have children? ☐ Yes ☐ No If yes, what ages? _____

♦ Education (highest completed):

High School: ___09 ___10 ___11 ___12 College: ___1 ___2 ___3 ___4 Graduate School: ___

Major(s): _____ Degree(s): _____

♦ Do you drive? ☐ Yes ☐ No Do you have regular access to a car? ☐ Yes ☐ No

♦ List current and previous community activities / volunteer work:

♦ Are you willing / able to commit to 2 years of volunteer service? ☐ Yes ☐ No

♦ The nature of your work as a CASA Volunteer occasionally necessitates some flexibility of daytime hours. Please describe any concerns you may have about scheduling incompatibilities.

♦ Are you willing/able to complete the required pre-service training and a minimum of 12 hours per year of in-service training? ☐ Yes ☐ No

♦ How did you learn about the Clatsop CASA Program? _____

♦ Have you had any personal experience involving:

☐ DHS Child Welfare ☐ Foster Care ☐ Citizen Review Board
☐ Dependency Court System ☐ Other Agencies Offering Services to Children & Families

If you answered yes to any of the above, please explain:

♦ Are there other considerations or concerns of which CASA should be aware regarding your participation as a volunteer?

♦ Have you ever been convicted of a crime other than a traffic violation? ☐ Yes ☐ No

If yes, what charge: _____ Date of conviction: _____ Where: _____

♦ Please briefly state your interest in working with CASA at this particular time in your life (use the back of the application if you need more space).

I, _____, affirm that all of the answers provided on my volunteer application are true. I authorize the Clatsop CASA Program and its designated law enforcement agency to investigate my background to determine my eligibility as a volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my qualifications as a CASA 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 qualified, I understand that I am committing to serve a minimum of 2 years as a CASA advocate. 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 all official documents, reports, and other material I will review in my capacity as a CASA. 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 CASA Program and their desire to provide quality services to abused and neglected children, my services as a CASA will be terminated.

Name (please print)

Signature

Date

REFERENCES

Please list four people –not relatives- who are able to provide a knowledgeable reference for you. Please list at least one person who knows you in a professional capacity, e.g., an employer, educator, pastor, or community service personnel, and provide contact information to assist us.

Please distribute the enclosed reference forms (and addressed envelopes) to those listed and have them returned directly by mail to:

**Clatsop CASA Program
P.O. Box 514
Astoria, OR 97103**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Cell Phone: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Cell Phone: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Cell Phone: _____ Email: _____

Name: _____

Address: _____

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Letter of Reference For: _____

Applicant's Name

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- How long have you known the applicant and in what context/capacity?
- Do you believe him/her to be in good physical and mental health?
- Do you consider her/him to be reliable and responsible?

Please rate the applicant on the following by checking the appropriate ranking number. If you do not have an opinion as to a particular quality, please check "N".

	Low			High		
	1	2	3	4	5	N
1. Ability to use confidential information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to remain objective in crisis or conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to reach conclusions independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respect for others with widely differing views/values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Carries out assignments in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Openness to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Concern for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Completes projects and fulfills commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ Would you want the applicant to be an advocate for your child or a relative's child? Why or why not?

■ Please comment on the skills/qualifications this person possesses which may be of specific value in her/his work as a CASA.

■ Please comment about any concerns or potential areas of weakness which may affect his/her performance as a CASA.

■ Would you like to discuss any of this information personally with CASA staff?

_____ Yes

_____ No

If yes, how can we reach you? _____

Name: _____ Date: _____

Signature: _____

Your Occupation: _____

Please return this form directly to the CASA office by mail, fax or e-mail. Thank you for helping us evaluate the applicant's suitability for becoming a CASA Volunteer.

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_____ Yes

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_____ Yes

_____ No

If yes, how can we reach you? _____

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Signature: _____

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Notice of Abuse History Confidential

1. Name and mailing address of CASA Representative: Clatsop CASA Program Inc. P O Box 514 Astoria, OR 97103	Please Submit Requests to: Background Check Unit PO Box 14870 Salem, OR 97309-5066 Or Fax: (503) 378-6314
2. Applicant Authorization. I have applied for a position with the CASA program in the State of Oregon. Use of the information contained in this notice is strictly limited to the purposes outlined in ORS 419(B). The information contained in this notice is confidential and legally privileged. I understand that an abuse records check will be completed on me. The State of Oregon, Department of Human Services (DHS), maintains a central state registry regarding child abuse/neglect investigations and the results of those inquiries. As part of the screening for CASA applicants and volunteers, DHS will disclose based on the information available in their records, whether the applicant has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or if the applicant is currently the subject of an investigation of abuse/neglect in Oregon. I understand that if I provide false or incomplete information I may be denied the position. I also understand that the Department of Human Services is not responsible for making a determination whether or not I am qualified to hold the position for which I'm applying.	
3. Applicant Information:	
Last Name:	First Name:
Middle Initial:	
SSN (Voluntary):	DOB:
4. Abuse History : I have been the subject of a child abuse/neglect investigation in Oregon or another state.	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	
And if so, when, where, explain, etc?	
My signature authorizes the Department of Human Services (DHS) to complete a child abuse history check and to release their findings of that check to the CASA program listed above.	
Applicant Signature:	Date signed (mm/dd/yy):
5. Results of Background Check. The above applicant has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect assessment.	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	
This information does not necessarily reflect any subsequent proceedings that are not within the jurisdiction of DHS. If the "yes" box is checked and the applicant would like to request more detailed information with regard to a founded incident(s) of abuse or neglect, they may fax a written request along with a copy of this notice to 503-378-3800, Attention Lisa Zacharias . The request will then be forwarded to the local child welfare office that investigated the founded incident.	
6. DHS Representative:	
7. Signature of DHS Representative:	8. Date signed (mm/dd/yy):



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email: casa@clatsopcasa.org

Consent for Criminal Records Check

By my signature below as provided by ORS 181.537, I authorize Clatsop CASA Program, Inc. to conduct nation-wide criminal records checks, including the national sex offender registry, on behalf of the CASA organization. I understand that, if I am approved and sworn-in as a CASA Volunteer, this background check authorization will be kept on file and may be used at any time during my volunteer service to obtain further information when, in the judgment of the Executive Director of Clatsop CASA Program, Inc., such information is necessary.

I understand that any information obtained through this process is strictly confidential and for the sole purpose of determining my initial and ongoing eligibility as a CASA Volunteer.

Applicant

Name: Last, First, Middle	D.O.B. (mm/dd/yyyy)	Oregon Drivers License #

Male ☐ Female ☐

Other Names Used (Aliases, Maiden Name, etc.)	Social Security Number

Applicant Signature	Date

Volunteer Driver Agreement

I understand that, as a volunteer for Clatsop CASA, I am an important member of a team delivering services to clients of the CASA program, and I agree to the following:

A. If I use my private automobile in my volunteer duties, I declare that:

1. It will be of the private passenger type only and in good mechanical condition;
2. I will continuously maintain liability insurance (which meets state requirements under the Financial Responsibility Law of Oregon) on my automobile and will not knowingly drive any uninsured vehicle in the course of my volunteer duties.

B. When my assignment necessitates the use of my private automobile, I understand that:

1. My motor vehicle record will be requested and must meet standards as stated in the Volunteer Program Manual;
2. I must endeavor to operate the vehicle in accordance with the traffic laws of the State of Oregon.

Signature of Volunteer: _____ Date: _____

Print Name of Volunteer: _____

Instructions: The volunteer signs two of these agreements; the volunteer should keep one and one will be kept in CASA files.

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Print Name of Volunteer: _____

Instructions: The volunteer signs two of these agreements; the volunteer should keep one and one will be kept in CASA files.



Clatsop CASA Program, Inc.

Court Appointed Special Advocates for Children

PO Box 514 Astoria, OR 97103

Tel: 503-338-6063

email: casa@clatsopcasa.org

Professional Liability & Auto Insurance Information

Name:

(first, middle, last)

Previous Professional Liability Insurance (if applicable)

Insurer's Name:

Have any claims ever been filed against you?

☐ Yes

☐ No

If yes, describe on the back of this form. Include date(s), details of claims, amount paid, amount outstanding, etc. Attach additional sheets if necessary.

Automobile Insurance

Name of your auto insurance company:

List your policy's dollar amount of coverage for the following:

Bodily injury: _____

Property damage: _____

Personal Injury Protection: _____

Uninsured Motorist: _____

Driver's License

Your License Number:

State Issued:

I understand that Clatsop CASA Program may obtain a certified copy of my driving record. I certify that the above is true and correct, and understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my volunteer position terminated.

Signature:

Date:

Clatsop CASA Program

Confidentiality Policy

CASA volunteers shall comply with the following guidelines with respect to maintaining confidentiality and respecting the privacy of others in all matters relating to an assigned case. The guidelines set out below govern circumstances in which CASA requests or receives information. As guidelines cannot cover every possible situation, questions and/or concerns should be addressed with the assigned supervisor, and will be resolved on a case by case basis.

- ❑ Cases involving parties who are known to be HIV positive, having active AIDS and/or other sexually transmitted diseases (STDs) are governed by additional confidentiality protocol with which the CASA must comply. The CASA should contact his/her supervisor for HIPAA (Health Insurance Portability and Accountability Act) regulations when such information is disclosed.
- ❑ In requesting information in the course of an investigation, a CASA may need to obtain information from doctors, psychiatrists, psychologists, social workers, attorneys, clergy, teachers, or other professionals who have a protected relationship status with a party. While the CASA Order of Appointment should cover most information related to the child, there are statutory limitations on the disclosure of information a professional receives in the course of his/her relationship with a client or patient. The professional has no authority to provide information to a CAS without the express written permission of the client or a court order.

Court orders often include an order to parents to sign releases of information for DHS to access such information, and the information is then provided to CASAs as discovery. If CASA requires information not included in DHS discovery, or wishes to speak directly to a provider, CASA must obtain from that person a written release of information which allows the professional to discuss the matter with CASA.

While a person may sign a release allowing CASA to obtain confidential information, he/she may not want to authorize disclosure to the other parties to the case and/or their attorneys. CASA should carefully review the signed release form, and seek guidance from a supervisor before sharing confidential information.

- ❑ Casa is not authorized to disseminate documents to any of the parties, their attorneys, and or collateral sources which are covered by state/federal confidentiality laws, including drug and alcohol evaluations/records, involuntary mental health treatment and rape crisis center information, and some criminal histories. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
- ❑ CASA shall never discuss an assigned case for purely conversational purposes, particularly in specific terms with anyone.
- ❑ CASA should not promise a child or any party to the assigned case that his/her statements will be kept secret or confidential.
- ❑ CASA must disclose confidential information learned during the course of a investigation in the following three circumstances:
 1. In consultation with the supervisor who must be provided all significant case information
 2. When ordered by the court in a hearing or trial
 3. When the CASA believes that a child has suffered previously undisclosed physical and/or sexual abuse.

- ❑ CASA may disclose confidential information and discuss case specifics in the following two circumstances:
 1. In consultation with a professional service provider whose client/patient is the child to whom the CASA is assigned, or a parent or other party who has signed a release-of-information form.
 2. When the court orders the disclosure.
- ❑ CASAs may discuss cases in hypothetical terms for purposes of illustration at professional meetings, seminars, workshops, or fundraising events designed to address issues promoting the best interests of children. CASAs shall not however use names or information which may identify the case or parties.

By my signature, I agree to abide by the above confidentiality policies and guidelines.

Signature

Date