



COURT APPOINTED SPECIAL ADVOCATE PROGRAM

17TH Judicial Circuit ♥ BOONE COUNTY ♥ ILLINOIS
P O Box 888 Belvidere, IL 61008-0888 phone (815) 547-6599
E-mail staff@casaboone.comcastbiz.net fax (815) 547-6588

Website: www.boonecountycasa.org
Sarah J. Ponitz, Executive Director

A member of: The National Association of CASA Programs . Illinois CASA . A United Way Agency

VOLUNTEER INTERPRETER APPLICATION FORM

NAME: _____ PHONE(H): _____

(WORK): _____ CELL: _____

ADDRESS: _____
(Street) (City) (Zip)

FAX: _____

E-MAIL: _____

SOC. SEC. No: _ _ _ - _ _ - _ _ _ BIRTHDATE: _____

Have you lived outside the state of Illinois in the last five years? Yes No

If yes, please list all addresses, state and zip codes: _____

CURRENT OCCUPATION: _____

May we contact you at work? Yes No

DRIVER'S LICENSE #: _____

STATE ISSUED _____

Do you have personal transportation? Yes No License Plate No. _____

CAR INSURANCE CARRIER: _____

DO YOU SPEAK ANY LANGUAGES OTHER THAN SPANISH/ENGLISH? IF YES, PLEASE LIST:

EDUCATION

HIGH SCHOOL: _____
GRADE COMPLETED: _____

COLLEGE/TRADE SCHOOL: _____
YEARS COMPLETED: _____

DEGREES/TRAINING: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER
NAME & ADDRESS: _____
PHONE: _____

TYPE OF WORK: _____ HOW LONG HAVE YOU WORKED AT YOUR PRESENT
JOB? _____

PREVIOUS EMPLOYER
NAME & ADDRESS: _____
PHONE: _____

TYPE OF WORK: _____

HOW LONG EMPLOYED AT THIS JOB? (List approx. dates)

OTHER SKILLS/VOLUNTEER EXPERIENCE

PLEASE LIST OTHER SKILLS OR EXPERIENCE (INCLUDING PREVIOUS VOLUNTEER
EXPERIENCE OR OTHER WORK EXPERIENCE) THAT WOULD BE HELPFUL IN
WORKING ON BEHALF OF ABUSED OR NEGLECTED CHILDREN:

BACKGROUND INFORMATION

HAVE YOU EVER BEEN DESIGNATED AS A PERPETRATOR OF, OR IN ANY OTHER CAPACITY
INVOLVED IN AN INDICATED REPORT OF CHILD ABUSE OR NEGLECT IN ILLINOIS, OR IN ANY
OTHER STATE? Yes No

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF:

A MISDEMEANOR?

Yes No

A FELONY?

Yes No

A SERIOUS TRAFFIC CHARGE?

Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS IN THE SPACE BELOW:

ALLEGED
OFFENSE

AGE AT
THE TIME

CHARGE

CITY/STATE

OUTCOME

DO YOU HAVE ANY CRIMINAL CHARGES PENDING AT PRESENT? Yes No

IF YES, EXPLAIN:

HOW DID YOU HEAR ABOUT THE CASA INTERPRETER'S PROGRAM?

WHY DO YOU WANT TO BECOME AN INTERPRETER? (Use more space if needed)

REFERENCES (Please list three – do not use spouse or relatives)

**(include city, state and zip code in each address)*

NAME: _____

Place of Employment: _____

City, State, Zip: _____

ADDRESS: _____

PHONE: _____

NAME: _____

Place of Employment: _____

City, State, Zip: _____

ADDRESS: _____

PHONE: _____

NAME: _____

Place of Employment: _____

City, State, Zip: _____

ADDRESS: _____

PHONE: _____

THE PRIMARY CONCERN OF THE JUVENILE COURT MUST BE THE SAFETY AND WELL-BEING OF THE CHILDREN BROUGHT BEFORE THE COURT. TO INSURE THIS, THE COURT MUST SCREEN BOTH STAFF AND VOLUNTEERS VERY CAREFULLY, CHECKING PERSONAL REFERENCES AND COMPLETING THE NECESSARY CHILD ABUSE/NEGLECT TRACKING SYSTEM (CANTS) AS WELL AS CRIMINAL BACKGROUND CHECKS.

AUTHORIZATION OF APPLICANT

YOUR SIGNATURE BELOW INDICATES YOUR AUTHORIZATION TO ALLOW THE BOONE COUNTY CASA PROGRAM STAFF TO COMPLETE A THOROUGH CANTS AND CRIMINAL BACKGROUND CHECK, OR YOUR WILLINGNESS TO EXECUTE FURTHER RELEASES TO ALLOW US TO CARRY OUT BACKGROUND CHECKS. YOUR SIGNATURE BELOW ALSO MEANS THAT YOU ARE REASONABLY SURE THAT YOU WILL BE ABLE TO MAKE A MINIMUM 24-MONTH COMMITMENT AS A CASA AND ALSO COMPLETE AT LEAST TWELVE (12) HOURS OF IN-SERVICE TRAINING PER YEAR.

The information contained herein, in these three pages, is true and correct, to the best of my knowledge and belief:

SIGNATURE: _____

DATE: _____

THE BOONE COUNTY CASA PROGRAM RESERVES THE RIGHT TO DENY ADMITTANCE INTO THE PROGRAM TO ANY INDIVIDUALS WHO HAVE BEEN CONVICTED OF CERTAIN OFFENSES OR WHO WE BELIEVE MAY NOT BE ABLE TO ACT IN THE BEST INTERESTS OF THE CHILDREN WHO ARE THE SUBJECTS OF THE JUVENILE COURT CASES TO WHICH WE ARE APPOINTED