



**Children In Placement**  
Fostering a better way  
for Connecticut's children

MAIL 300 WHALLEY AVE NEW HAVEN CT 06511  
TEL 203.784.0344  
FAX 203.784.0347  
EMAIL CIPNH@CHILDRENINPLACEMENT.ORG  
WEB WWW.CHILDRENINPLACEMENT.ORG

**VOLUNTEER APPLICATION**  
PAGE 1 OF 3

CHILDREN IN PLACEMENT CT, INC.- CASA COURT APPOINTED SPECIAL ADVOCATE PROGRAM

CHECK ONE:  VOLUNTEER GUARDIAN AD LITEM  
 VOLUNTEER MONITOR PROGRAM

NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

PREVIOUS ADDRESS (IF ABOVE IS LESS THAN 5 YEARS)

CITY, STATE, ZIP

EMERGENCY CONTACT

EMERGENCY PHONE NO.

EMPLOYED BY

WORK PHONE

MAY YOU BE CALLED AT WORK?  YES  NO

GIVE A BRIEF DESCRIPTION OF YOUR WORK

FORMAL EDUCATION (HIGHEST YEAR OF SCHOOL COMPLETED)

DO YOU SPEAK A FOREIGN LANGUAGE (WHICH)?

CURRENT AND PREVIOUS COMMUNITY ACTIVITIES AND VOLUNTEER WORK

INCLUDE A BRIEF DESCRIPTION AND GENERAL TIME FRAME OF SERVICE (ATTACH A SEPARATE SHEET IF NECESSARY)

CAN YOU COMMIT TO 2 YEARS OF SERVICE?  YES  NO

HOW DID YOU LEARN OF OUR PROGRAM?



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WHAT ARE YOUR REASONS FOR WANTING TO PARTICIPATE AS A CASA VOLUNTEER?

CAN YOU THINK OF ANY REASON WHY A JUDGE MIGHT BE RELUCTANT TO APPOINT YOU TO SERVE AS A VOLUNTEER?

YES (IF YES, PLEASE EXPLAIN)  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?  YES  NO

IF YES, PLEASE LIST CONVICTION, DATE, AND COURT LOCATION

PLEASE CHECK IF YOU HAVE ANY PERSONAL EXPERIENCE WITH THE FOLLOWING:  CHILD WELFARE  DCF

COURT SYSTEM  FOSTER CARE  OTHER AGENCY(IES) OFFERING SERVICES TO A CHILD

PLEASE EXPLAIN INVOLVEMENT

DO YOU CONSENT TO A RECORD CHECK WITH THE STATE DEPARTMENT OF CHILDREN AND FAMILIES?  YES  NO

DO YOU CONSENT TO A CRIMINAL BACKGROUND CHECK?  YES  NO

FOR THESE PURPOSES, WE WILL NEED A LIST OF ALL MEMBERS OF YOUR HOUSEHOLD BY NAME

PLEASE LIST 3 REFERENCES THAT YOU KNOW WELL, OTHER THAN RELATIVES, PREFERABLY FOR WHOM YOU HAVE

WORKED IN EITHER A PAID OR VOLUNTEER CAPACITY. PLEASE INCLUDE YOUR CURRENT SUPERVISOR IF APPLICABLE.

NAME	FULL ADDRESS	PHONE	RELATIONSHIP
1			
2			
3			



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CHILDREN IN PLACEMENT - CT, INC. / CASA RESERVES THE RIGHT TO MAKE ANY CHECKS DEEMED APPROPRIATE AS TO THE SUITABILITY OF ANYONE RESPONSIBLE FOR THIS CONFIDENTIAL WORK. ALL INFORMATION OBTAINED WILL BE HELD IN THE STRICTEST CONFIDENCE. ANY APPLICANT FOUND TO HAVE BEEN CONVICTED OF, OR HAVING CHARGES PENDING FOR A FELONY OR MISDEMEANOR INVOLVING A SEX OFFENSE, CHILD ABUSE OR NEGLECT, OR RELATED ACTS THAT WOULD POSE RISKS TO CHILDREN OR THE CASA PROGRAM'S CREDIBILITY IS NOT ACCEPTED AS A CASA VOLUNTEER.

IF YOU WISH TO BE A VOLUNTEER GUARDIAN AD LITEM, PLEASE ANSWER THE FOLLOWING:

DO YOU DRIVE?  YES  NO

DO YOU HAVE REGULAR ACCESS TO A CAR?  YES  NO

PLEASE ATTACH A SEPARATE PIECE OF PAPER AND BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR PHILOSOPHY OF PARENTING, INCLUDING THE RIGHTS AND RESONSIBILITIES OF BOTH PARENTS AND CHILDREN?

2. WHAT ROLE DO YOU BELIEVE SOCIETY SHOULD PLAY IN PROTECTING THE RIGHTS OF CHILDREN?

APPLICANT SIGNATURE

DATE SIGNED

PLEASE RETURN ALL COMPLETED APPLICATIONS AND ADDITIONAL INFORMATION TO:

CHILDREN IN PLACEMENT, 300 WHALLEY AVE., NEW HAVEN, CT 06511, (203) 784-0344 EXT. 203



# Authorization for Release of Information for DCF CPS Search



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
 (Type Applicant Name)  
 their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name /  
 Address/City / State / Zip  
 Code

Attention:  
 Agency:  
 Address:  
 City:

State: Zip Code:

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First Middle Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street (No P.O. Boxes) Apartment No. How Long at Current Address: \_\_\_\_\_  
 City State Zip Code Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From Month/Yr.	To Month/Yr.	

Other Names I have Used - Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home - Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Sex	D.O.B. Month/Day/Year		

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE  
 FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Hotline Background Searches - 505 Hudson Street - 5<sup>th</sup> Floor - Hartford, CT 06106

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: \_\_\_\_\_ RECORD FOUND: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_