Print Form

FAMILY COURT OF THE
STATE OF DELAWARE

Application and Information

The Family Court of the State of Delaware

The information on this form will help us assess your qualifications to serve as a volunteer Court Appointed Special Advocate. Please read directions carefully and complete all sections of the form as thoroughly as possible. All information provided by you is confidential. If your application is accepted, **CASA Program Staff**, will contact you to schedule a personal interview.

Name			
Address			
Soc. Sec. No:		Date of Birth:	
Home Phone:	Work Phone:	Fax:	E-mail

Please list any other names you have used (maiden name, previous marriage, etc.)

Please list all states where you have resided as an adult

Circle Education: High School College Post Graduate
High School Graduate College Graduate Other

Current or Last Employment: _____

Circle Status: Full Time Part Time Not EmployedStudent RetiredOther

Job Title: _____ Supervisor Name: _____

Although no special experience is required, do you have training, skills or knowledge in any of the following areas: (Please circle)

Advertising/Public Relations	Criminology/Law Enforcement	Management
Child Care	Drug/Alcohol Abuse Counseling	Mental Health
Child Development	Fundraising	Counseling
Child Welfare	Social Work	Other:

How did you learn about the CASA program?

_____

Would you prefer daytime or evening training?

_____

Are you fluent in any language other than English? ☐ No ☐ Yes: Language: _____

Have you ever been convicted of a crime in this or any other state? ☐ No ☐ Yes

If yes, please indicate which state and explain:

Have you ever been involved in a Court proceeding in this or any other state? ☐ No ☐ Yes

If yes, please indicate which state and explain:

Have you ever been a client of a Child Welfare agency in this or any other state? ☐ No ☐ Yes

If yes, please indicate which state and explain:

Have you ever received or been recommended for treatment or counseling for drugs, alcohol, mental health, family, psychiatric, or psychological problems? ☐ No ☐ Yes

If yes, please indicate which state and explain:

Please list the names, address, and telephone number of three references that we may contact. References should be recent and may not be related to you.

NAME	ADDRESS	PHONE

Please write a one page autobiography.

BEFORE SIGNING, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

1. I understand that screening for this program will include a review of my application, a Family Court records check, a Division of Family Services records check , a criminal records check (including motor vehicles), personal reference checks, and a personal interview.

2. I give the Division of Family Services permission to search their records and release any information pertaining to me to the Family Court CASA Program.

3. I understand that the program reserves the right to reject applicants that it deems to be inappropriate. This includes, but is not limited to 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.

4. I certify that this application is true and complete. Any false information may result in rejection of this application or termination from the CASA Program.

_____ Signature

_____ Date

Please return completed form to:

☐ New Castle County
CASA Program
Family Court
The New Castle County Courthouse
500 King Street Suite 901
Wilmington, DE 19801-3761
255-0461

☐ Kent County
CASA Program
Family Court
400 Court Street
Dover, DE 19901
672-1067 or 1037

☐ Sussex County
CASA Program
Family Court
22 The Circle
Georgetown, DE 19947
855-7415 or 7411 or 7410

The CASA program is authorized by 31 Del.C. §3601-3612 and 10 Del.C. §925.[5]