



CHILD ADVOCATES OF PLACER COUNTY  
FRIENDS OF CASA ADVISORY COUNCIL MEMBER APPLICATION

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Home Phone) \_\_\_\_\_ (Office Phone) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

(E-mail) \_\_\_\_\_

**PROFESSIONAL INFORMATION :**

Employer/Profession: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Business/Professional Affiliations: \_\_\_\_\_

Education/Degree(s)/Institutions: \_\_\_\_\_

Personal Interests: \_\_\_\_\_

\_\_\_\_\_

**CURRENT CIVIC AND CHARITABLE AFFILIATIONS:**

Civic Organizational Memberships: \_\_\_\_\_

Clubs: \_\_\_\_\_

Board Membership/Volunteer/Organizations: \_\_\_\_\_

\_\_\_\_\_

Relative to the current affiliations with boards listed above, on a scale of 1 - 10, **with one being the organization you place as top priority**, please rate how you would prioritize your service to Friends of CASA Advisory Council: \_\_\_\_\_

Are you aware of any conflicts of interest relative to your service on the Friends of CASA Advisory Council? Yes No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Past Board/Service Club Memberships or Volunteer Involvement:

---

---

---

Awards/Merit/Recognition: \_\_\_\_\_

---

**INTEREST IN CHILD ADVOCATES OF PLACER COUNTY:**

How did you hear about Child Advocates of Placer County?

---

Why are you interested in serving as a member of the Friends of CASA Advisory Council?

---

---

---

What personal or professional skills, or areas of expertise, do you believe you could bring to this Advisory Council and program?

---

---

---

Please list three references that have knowledge of your prior board experience, community volunteer experience, and professional affiliations.

---

Name	Address	Phone
------	---------	-------

---

Name	Address	Phone
------	---------	-------

---

Name	Address	Phone
------	---------	-------

---

Signature

---

Date

TO BE COMPLETED BY FRIENDS OF CASA SPONSOR:

To Sponsor:

How long, and in what primary context, have you known this candidate?

---

Do you think that this candidate has sufficient time to meet the Friends of CASA service obligations?      Yes   No

Why do you think that this candidate will be an asset to Child Advocates of Placer County? (Give specific examples of personal attributes.)

---

---

---

Do you have any reservations about this candidate? Are there any areas that might be limitations for this person, which knowing would assist the board in maximizing what the candidate has to lend the program? \_\_\_\_\_

---

---

SPONSOR AGREEMENT:

This candidate, to the best of my knowledge, has the ability and the commitment to meet the volunteer obligations for board service. If this candidate is accepted for membership, I will take an active part in helping to integrate him/her into the Friends of CASA Advisory Council.

---

Signature

---

Date

---

Phone