

**Court Appointed Juvenile Advocates
Of Marshall County
Biographical Information for Board Membership**

Name: _____

Address: _____

Cell Phone: _____ Other Phone: _____

E-mail: _____ Fax: _____

Preferred Method of Contact: _____

Employed with: _____ How long: _____

In What Capacity: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Educational Background: _____

Professional Associations: _____

What special skills or abilities do you bring to this board? _____

Previous volunteer/vocational experience: _____

Previous experience with non-profit organizations: _____

References (Min of 3): **Name** **Address** **Phone**

Personal: _____

Professional: _____

Hobbies: _____

Any specific committees you are interested in working with: _____

Additional comments: _____

PLEASE READ THE FOLLOWING. SIGN THIS FORM AND RETURN IT WITH THE COMPLETED BIOGRAPHY FORM AND OTHER COMPLETED FORMS IN THIS PACKAGE

I understand that all members of the Board of Directors of the Alabama CASA/CAJA Network, Inc. must have a background check completed prior to serving on the Board.

I also understand that the Alabama CASA/CAJA Network will contact references provided on the application, other persons deemed necessary, do a check with the Child Abuse Registry of the Department of Human Resources and check Alacourt for prior court involvement.

I agree that my demographic data may shared with the Alabama CASA/CAJA Network and the National CASA/GAL Association.

Name: _____

DOB: _____

SSN: _____

Signed: _____

Date: _____

CAJA CONFIDENTIALITY AGREEMENT

I, _____, hereby agree that I am bound by all confidentiality rules of the Juvenile Court and the laws of the State of Alabama and I will not repeat, disseminate, reproduce, describe, or make known in any form to persons outside the CAJA organization the facts and materials covered therein.

I further understand that any violation of this agreement could jeopardize my association with the CAJA organization.

Signature _____ Date _____

The following information is requested solely for demographic purposes and will be utilized exclusively for planning, recruitment and training by the CASA program. It will not be distributed, exchanged, or sold to other individuals or organizations.

Applicant's Name: _____ **Date:** _____

Race: African-American Asian/Pacific Islander Caucasian Native American/Alaskan Other

Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown

Marital Status: Divorced Married Separated Significant Other Single Widowed

Educational Background (Highest year of school completed) Some high school GED High School
 Some college College Post-graduate Other Unknown

Employment status: Full time Part time Student Not Employed Retired

Career Type: Attorney Banking Business Owner Education Finance Government/Military
 Medical Real Estate Stay at Home Mom Other

Learned about CASA? Flier Friend Internet Local newspaper Local radio National Media
 Unknown Other _____