



## Nonprofit Board Application

Application Date: \_\_\_\_\_

**ALAMEDA COUNTY COURT APPOINTED SPECIAL ADVOCATES (ACCASA)  
Friends of Alameda County CASA (501©3 nonprofit)  
1000 San Leandro Blvd, Suite 300, San Leandro, CA 94577**

Telephone: 510-618-1950 Fax: 510-618-1966 E-Mail: [gring@acgov.org](mailto:gring@acgov.org)

Web Page: [www.casaofalamedacounty.org](http://www.casaofalamedacounty.org). Like us on Facebook @AlamedaCountyCASA, Twitter @Alameda\_CASA, Instagram #alamedacountycasa, and LinkedIn, Alameda County CASA

The information on this form will help us assess your qualifications to serve as a volunteer for ACCASA as a Member of the nonprofit board of directors. Please read the questions carefully and complete all sections of the application as thoroughly as possible.

Name \_\_\_\_\_

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

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

(Cell Phone) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Driver's License : state/# : \_\_\_\_\_

Have you lived in any other state or country in the past 7 years? Yes\_\_\_ No\_\_\_

If yes, please list state and/or countries : \_\_\_\_\_

Local Emergency Contact/Relationship : \_\_\_\_\_

Phone # of Emergency Contact : \_\_\_\_\_

### PROFESSIONAL INFORMATION

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

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

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

May we call and/or email you at work? Yes \_\_\_ No \_\_\_

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

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

### PERSONAL INFORMATION:

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

**CIVIC AND CHARITABLE AFFILIATIONS**

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

Current Board Memberships/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 a top priority, please rate how you would prioritize your board service to Alameda County CASA: \_\_\_\_\_

Are you aware of any conflicts of interest relative to your service on the board of Alameda County CASA? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Past Board Memberships or Service: \_\_\_\_\_

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

**INTEREST IN ALAMEDA COUNTY CASA**

How did you hear about Alameda County CASA? \_\_\_\_\_

Why are you interested in serving as a member of the Friends of Alameda County CASA Board of Directors? \_\_\_\_\_

What personal or professional skills, or areas of expertise, do you believe you could bring to this board and program? \_\_\_\_\_

Which of our current committees or areas of focus interest you? (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Special Events | <input type="checkbox"/> Donor Cultivation |
| <input type="checkbox"/> Community Partnerships | <input type="checkbox"/> Finance        | <input type="checkbox"/> Marketing         |

**For Statistical & DEI Recruitment Purposes (optional)**

Ethnic Background: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**Background/Criminal History**

Applicants having convictions or charges pending for a crime involving a sex offense or child abuse or neglect are automatically disqualified. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA program will be considered on a case-by-case basis.

Do you agree to authorize Alameda County CASA, and any law-enforcement agencies authorized by Alameda County CASA, to review your background, driving record and verify your Social Security identification to determine your fitness as a potential board member?  
Yes \_\_\_\_ No \_\_\_\_

**Agreement:**

Do you agree to commit to at least 2 years of service? Yes \_\_\_\_ No \_\_\_\_

**Please list three references that know your prior board experience, community volunteer experience, or professional affiliations.**

Name/Affiliation	Address	Email
Name/Affiliation	Address	Email
Name/Affiliation	Address	Email

*I certify that all information provided in this application is true and correct to the best of my knowledge.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE RETURN** the completed form to Ginni Ring, Executive Director, [gring@acqgov.org](mailto:gring@acqgov.org), (510) 618-1960 or mail to the CASA office.

***Upon receipt of your application, you will be contacted.  
Thank you for your interest in Alameda County CASA!***