

CASA Volunteer Application

Please Print Clearly.

Name: _____ Date: _____
Home Address: _____
Home Phone : (____) _____ - _____ SSN: _____ Sex: ___ M ___ F
Emergency Contact Person: _____ Phone : (____) _____ - _____
Employer: _____ Type of Organization: _____
Position: _____ Length of time employed: _____
Business Address: _____
Phone: (____) _____ - _____ May we phone you at work: _____
Work Hours: _____ E-Mail Address: _____
Drivers License #: _____ State Issued: _____
Primary Language: _____ Secondary Language: _____
I am interested in working in _____ Broome County _____ Tioga County

EDUCATION / HISTORY:

School	Field of Study	Degree	Date
_____	_____	_____	□□ / □□ / □□
_____	_____	_____	□□ / □□ / □□
_____	_____	_____	□□ / □□ / □□
_____	_____	_____	□□ / □□ / □□
_____	_____	_____	□□ / □□ / □□

EXPERIENCE:

Youth, Legal or Other Related Experience: _____

List Any Specific Qualifications/Skills You Have That Would Be An Asset To This Program: _____

List Any Hobbies or Interests: _____

Explain Any Experiences You Have Had Involving; Child Welfare, Foster Care, or Family Court: _____

ADDITIONAL INFORMATION:

Have You Ever Been Convicted Of A Crime: _____ Explain: _____

Can You Commit To A Minimum of One Year To The CASA Program: _____

Why Do You Wish To Participate In This Program: _____

How Did You Become Aware of The CASA Program: _____

Are There Any Family/Child Issues That Make You Uncomfortable (Explain): _____

REFERENCES:

Please List Three Non Related References.

1. Name: _____ Relationship: _____
Address: _____ Phone : (_____) _____ - _____

2. Name: _____ Relationship: _____
Address: _____ Phone : (_____) _____ - _____

3. Name: _____ Relationship: _____
Address: _____ Phone : (_____) _____ - _____

I understand that by signing below, I authorize a criminal records and a child abuse state central registry check to be made concerning my suitability as a volunteer. I understand the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as a volunteer. All information will be held in confidence.

Criteria used in the selection of volunteers will be such as to insure that the individual is able to meet the responsibilities of a volunteer court appointed special advocate. No individual will be rejected based on race, color, religious creed, national origin, sex, age or marital status.

I hereby attest that all information given in this application is true to the best of my knowledge.

Signature: _____

Date: / /