

# 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: \_\_\_\_\_

## *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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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**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:   /   /