



## VOLUNTEER APPLICATION FOR CASA PROGRAM

(Please Print)

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ May we call you at work? Yes ( ) No ( )

Employment Status \_\_\_ Full Time \_\_\_ Part time \_\_\_ Student \_\_\_ Not Employed \_\_\_ Retired

Place of Employment (if applicable) \_\_\_\_\_

Position \_\_\_\_\_ Fax number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you presently enrolled in school? Yes ( ) No ( )

Name of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Do you speak another/secondary language? ( ) English ( ) French ( ) Signing ( ) Spanish

( ) Other \_\_\_\_\_

Referred by: ( ) Flier ( ) Friend ( ) Internet ( ) Local Newspaper ( ) Local Radio ( ) Local TV

( ) National Media ( ) Other \_\_\_\_\_

Please list skills and interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can you think of any reason why a judge might be reluctant for you to serve as a CASA volunteer?

Yes If yes, please explain: \_\_\_\_\_

No

Have you ever been accused or convicted of a crime?  Yes  No

(An applicant having a charge or conviction for a crime involving a sex offense or child abuse or neglect is disqualified as a CASA volunteer. 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 considering the time passed since the incident and the level of rehabilitation.)

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

\_\_\_\_\_  
\_\_\_\_\_

Have you ever entered a treatment program relating to admitted incidents of child physical, emotional or sexual abuse that was **committed** by you?  Yes  No

Have you ever been investigated by the Department of Social Services for abuse and/or neglect?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you personally experienced abuse or neglect as a child?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of household:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____		
_____		
_____		

Do you have a valid Missouri Driver's License: Yes ( ) No ( )

Do you have an automobile available to you? Yes ( ) No ( )

**PERSONAL REFERENCES** (You should know these individuals for at least one year. Two should be known through your work, volunteer service or academics. One may be a personal reference, excluding a family member. *Complete mailing addresses are required.*)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Can you make a minimum two year commitment to volunteer 6-8 hours per month? \_\_\_\_\_

When would you be available for volunteer service? Check times:

	MON	TUE	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

As a CASA volunteer you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these meetings? Yes ( ) No ( )

**WORK / VOLUNTEER HISTORY**

Name and address of present or last employer or volunteer project:

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Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Name and address of next previous employer or volunteer project:

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Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Name and address of next previous employer or volunteer project:

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Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Do you have any training or experience in any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Medicine                                | <input type="checkbox"/> Education                       |
| <input type="checkbox"/> Mental Health                           | <input type="checkbox"/> Criminology                     |
| <input type="checkbox"/> Counseling                              | <input type="checkbox"/> Law Enforcement                 |
| <input type="checkbox"/> Psychology                              | <input type="checkbox"/> Advertising or Public Relations |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs          | <input type="checkbox"/> News Media                      |
| <input type="checkbox"/> Child Development                       | <input type="checkbox"/> Writing                         |
| <input type="checkbox"/> Child Care                              | <input type="checkbox"/> Public Speaking                 |
| <input type="checkbox"/> Child Welfare                           | <input type="checkbox"/> Art or Graphics                 |
| <input type="checkbox"/> Social Work                             | <input type="checkbox"/> Entertainment                   |
| <input type="checkbox"/> Special events                          | <input type="checkbox"/> Website Design                  |
| <input type="checkbox"/> Computer Information Systems Management |  |

If you answered yes, please describe your experience: \_\_\_\_\_

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## **AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Southwest Missouri to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of two years in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

Name (please print)\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Please return completed Application with Essay and Affirmation and Release to:**

**CASA of Southwest Missouri**

**P O Box 14364**

**Springfield, MO 65814**