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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s**  **Date** |  | | | | | | | | | | | | **D.O.B** | | | | | | |  | | | | |
| **Name** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Sex** | Male | | | Female | Ethnicity |  | | | | | | | | | | | | | | | | | | |
| **Telephone Numbers** | |  | | | | | |  | | | | | | | | | | | | | | | | |
| **Home Number** | | | | | | **Cell Number** | | | | | | | | | | | | | | | | |
| **Email** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Home Address** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **City** | |  | | | | | **County** | |  | | | | | | | | | | | | | | | |
| **State** | | |  | | | | | | **Zip** | | | | | | |  | | | | | | | | |
| **Mailing**  **Address** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **City** | | |  | | | | **County** | |  | | | | | | | | | | | | | | | |
| **State** | | |  | | | | | | **Zip** | | | | | |  | | | | | | | | | |
| **Employer** | | |  | | | | | | | | **Position/Title** | | | | | | | |  | | | | | |
| **Length of**  **Employment** | | |  | | | | | | Full Time | | | | | | | | Part Time | | | | | | Contract | |
| **Work Address** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **City** | | |  | | | | | | | **County** | | | | |  | | | | | | | | | |
| **State** | | |  | | | | | | | | | | | | **Zip code** | | | | | |  | | | |
| **Work**  **Phone** | | |  | | | | | | | **May we contact**  **you at work?** | | | | | | | | | | | Yes | | | No |
| **Have you ever worked for the juvenile court?** | | | | | | | | | | | | | | Yes | | | | | | | | No | | |
| **Have you ever worked for the Dept of Family & Children Services?** | | | | | | | | | | | | | | Yes | | | | | | | | No | | |
|  | | | | | | | | | | | | | |  | | | | | | | |  | | |
| **Emergency**  **Contact Name** | | |  | | | | | | | | | **Phone Number** | | | | | |  | | | | | | |
| **How Did you hear about the CASA Program? Please Explain Below:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Education-Please specify highest level completed** | | | | | | | | | | | | | | | | |
| Some High School | | High School | | | Some College | | | College Graduate | | | | | | Post-Graduate | | |
| Do you speak a foreign language? | | | Yes | | | No | Language(s) | |  | | | | | | | |
| **Check any training or experience in the following categories** | | | | | | | | | | | | | | | | |
|  | Child Care | | |  | | Mental Health | | | | |  | News/Media | | | | |
|  | Child Development | | |  | | Counseling/Psychology | | | | |  | Writing/Editing | | | | |
|  | Child Welfare | | |  | | Medicine | | | | |  | Public Speaking | | | | |
|  | Social Work | | |  | | Education | | | | |  | Arts/Graphics | | | | |
|  | Personnel | | |  | | Law | | | | |  | Fundraising | | | | |
|  | Criminology/Law Enforcement | | |  | | Drug/Alcohol Treatment | | | | |  | Advertising/Public Relations | | | | |
| **Please describe any above experiences that may be applicable to CASA below:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Please list volunteer service and length of service below:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Have you ever been a foster parent?** | | | | | | | | | | Yes | | | No | | | |
| **Are you currently a foster parent?** | | | | | | | | | | Yes | | | No | | | |
| Criminal History | | | | | | | | | | | | | | | | |
| List any charges, arrests, and/or convictions, ***other than traffic violations***, and list dates, county/state, and disposition of each. (An applicant having a charge or  conviction for a crime involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program’s credibility 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 affect 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.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Have you ever had a case with, or investigation performed by, the department of Family and Children**  **Services** | | | | | | | | | | | | | | | Yes | No |
| **If Yes, Please Explain Below:** | | | | | | | | | | | | | | | | |
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| When can you attend CASA training? Please be specific with available times:  **EXAMPLE-Monday 10am-3pm, Tuesday All Day, Wednesday-Not Avail, Thursday 5pm-8pm, Friday 12pm-5pm** | | | | | | | | | | | | | | | | |
|  | | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | | | | **Friday** | | | | | **Saturday** | **Sunday** |
| **Morning** | | |  |  |  |  | | | |  | | | | |  |  |
| **Afternoon** | | |  |  |  |  | | | |  | | | | |  |  |
| **Evening** | | |  |  |  |  | | | |  | | | | |  |  |
| **If relevant please list any specific days or times when you cannot attend below:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Do you prefer to work with any particular age group?** | | | | | | | | | | | | | | Yes | | No |
| **If yes, please list preferred ages** | | | |  | | | | | | | | | | | | |
| **Do you have reliable transportation?** | | | | | | | | | | | | | | Yes | | No |
| **Do you have access to and know how to operate a computer?** | | | | | | | | | | | | | | Yes | | No |
| **Do you have access to and know how to use the internet?** | | | | | | | | | | | | | | Yes | | No |
| **References** | | | | | | | | | | | | | | | | |
| Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 2 personal – *no family members, please*). If currently employed, please list supervisor first. | | | | | | | | | | | | | | | | |
| 1 | **Name** |  | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | |
| **City** |  | | | | | | | **County** | | | |  | | | |
| **State** |  | | | | | | | **Zip** | | | |  | | | |
| **Email** |  | | | | | **Phone** | | | |  | | | | | |
| 2 | **Name** |  | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | |
| **City** |  | | | | | | | **County** | | | |  | | | |
| **State** |  | | | | | | | **Zip** | | | |  | | | |
| **Email** |  | | | | | | **Phone** | | | |  | | | | |

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| 3 | **Name** |  | | | | | | |
| **Address** |  | | | | | | |
| **City** |  | | | **County** | | |  |
| **State** |  | | | **Zip** | | |  |
| **Email** |  | **Phone** | | |  | | |
| 4 | **Name** |  | | | | | | |
| **Address** |  | | | | | | |
| **City** |  | | | **County** | | |  |
| **State** |  | | | **Zip** | | |  |
| **Email** |  | | **Phone** | | |  | |

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| **Please briefly answer the following questions:** *(Two to four sentences each is sufficient.)* | |
| 1 | **Why do you want to be a CASA Volunteer?** |
|  |
| 2 | **What role do you believe society should play in protecting children versus assisting a family in overcoming hardships in order to function and ultimately live together as one unit?** |
|  |
|  |  |
|  | |
| 3 | **Please write an autobiographical statement.** |
|  |
| **AFFIRMATION AND RELEASE** | |
| I hereby affirm that all of the answers provided on my volunteer application are true. I understand that the information requested will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate. I understand that this application does not ensure appointment as a CASA volunteer. I understand that completion of training does not guarantee that I will be assigned a case. After successful completion of my training, I further understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit a written resignation to the program director with as much advance notice as possible.  I am aware that I will be examining sensitive, confidential documents, reports and other material in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case at the Court or those who will be consulted for their professional knowledge or expertise. I will not divulge this confidential information to anyone else.  I hereby authorize CASA and any law enforcement agency or other appropriate agency to receive any criminal history record information and state central registry information (from the Department of Family and Children Services) pertaining to me, which may be in files of any federal, state or local criminal justice agency in the United States, and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and be received on a continual basis during the period of time that I am an active volunteer for the CASA program.  I certify that the answers given in this application are true and complete to the best of my knowledge, and understand that if accepted into the program as a volunteer, any false or misleading statements on this application shall be grounds for dismissal. | |
| **Please complete the following information needed for background checks:** | |
| I hereby authorize Central Georgia CASA to receive any criminal history record information pertaining to me  which may be in the files of any state or local criminal justice agency in the United States of America. | |

Full Legal Name Date