



## CASA VOLUNTEER APPLICATION

Please look over carefully. Please print or type. (Neatness, correct spelling, and grammar count.)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: M F

How long have you lived at this address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Receive calls at work? Yes No NA

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Previous addresses, if current address is less than five years: \_\_\_\_\_

\_\_\_\_\_

Previously used names: \_\_\_\_\_

Marital Status: \_\_\_\_\_ if married, spouse's name and occupation:

\_\_\_\_\_

Children's names and ages: \_\_\_\_\_

\_\_\_\_\_

Name and relationship of other members of household: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ at \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Do you drive? Yes No

Do you have reliable transportation? Yes No Do you have auto insurance? Yes No

Driver's License Number: \_\_\_\_\_ Expiration Date for Driver's License: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiration Date for Auto Insurance: \_\_\_\_\_ What is your current health status? \_\_\_\_\_

**YOUR EDUCATION** (circle highest completed)

High School: 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

High School(s) Attended: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Are presently enrolled in any classes? Yes No If yes, name of school and course of study:  
\_\_\_\_\_

**WORK/VOLUNTEER HISTORY**

1) Name and location of current or most recent employer: \_\_\_\_\_  
\_\_\_\_\_

Dates of employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

2) Name and location of previous employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

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

Do we have permission to contact your employers? Yes No

Current community activities and affiliations: \_\_\_\_\_  
\_\_\_\_\_

Other languages spoken or signed: \_\_\_\_\_

Times available for volunteer service: \_\_\_\_\_

Approximately how much time can you devote weekly as a volunteer? \_\_\_\_\_

Will you be able to arrange your schedule in order to attend meetings or court hearings during the day? Yes No

Are you willing to commit at least one year of volunteer services? Yes No

Are you prepared to complete 30 – 35 hours of pre-service training and 12 hours of in-service training per year after your first 12 months? Yes No

How did you learn about CASA? \_\_\_\_\_

Please describe any training or personal experience you have had in any of the following:

(If you need more space than what is provided here, you may add this to your brief handwritten statement.)

- |   |  |
|---|--|
| <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Education                 |
| <input type="checkbox"/> Mental Health/Psychology | <input type="checkbox"/> Criminology               |
| <input type="checkbox"/> Drug/Alcohol Abuse       | <input type="checkbox"/> Law Enforcement           |
| <input type="checkbox"/> Child Care/Development   | <input type="checkbox"/> Advertising/News Media    |
| <input type="checkbox"/> Child Welfare            | <input type="checkbox"/> Public Relations/Speaking |
| <input type="checkbox"/> Social Work/Counseling   | <input type="checkbox"/> Writing/Graphic Arts      |
| <input type="checkbox"/> Judicial System          | <input type="checkbox"/> Fundraising/Grant Writing |

### LEGAL HISTORY

Have you ever been arrested for a crime, investigated for child abuse/neglect, or involved in a juvenile court hearing? Yes No If yes, please explain: \_\_\_\_\_

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Can you think of any reason why a judge might be reluctant to appoint you to a case? Yes No If yes, why? \_\_\_\_\_

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Answering yes to the above questions does not necessarily mean automatic disqualification from the CASA Program, mitigating circumstances will be considered. However, applicants who have been convicted of or have charges pending for felony or misdemeanor sex offenses, child abuse/neglect, or other acts that would pose a risk to children will be rejected.

### PERSONAL REFERENCES

Other than relatives, please list references that have known you for at least two years:

Name	Address	Telephone	Relationship
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**On a separate sheet of paper, please include a brief handwritten statement explaining why you want to work with the CASA program.**

## BACKGROUND CHECK

Background Checks will be conducted online through verified volunteer. The cost of the background checks for our CASA Program is \$35 per volunteer. All payments made for background checks are **non-refundable**. Make checks payable to DCS-CASA.

## AFFIRMATION AND AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Douglass Community Services CASA Program to contact references/employers listed to investigate my background to determine my fitness as a potential volunteer. I release any person, firm, or agency, public or private, from any liability for information furnished pursuant to this authorization. Applicants who falsify information or refuse to be screened will be rejected.

I understand that the CASA Program will use the information gathered in this application only for official purposes. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed training, met all other requirements, and been determined to be a suitable volunteer, I 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 of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters with only those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason the CASA Program makes a determination that my activities are contrary to the policies, goals, and/or philosophy of the CASA program my services as a CASA volunteer may be terminated without advance notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:  
Rebecca Morrell, CASA Volunteer Coordinator  
711 Grand Avenue  
Hannibal, MO 63401  
[casa2@douglassonline.org](mailto:casa2@douglassonline.org)