



CASA INTERN APPLICATION

Full Name: _____ Date of Birth: _____

Background Checks require that we have all addresses held within the last five years.

Current Address: _____

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

Previous Address: _____

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

Previous Address: _____

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

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Social Security Number: _____

Email: _____

Marital Status: _____ previously used names: _____

In case of emergency, contact: _____ at _____

Relationship to you: _____ What is your current health status? _____

Do you have any health conditions of which CASA needs to be aware? Yes No

If yes, what is it? _____

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: _____

EDUCATION

Previous College attended: _____

Major: _____ Degree: _____

Current College/University: _____

Major: _____ Degree: _____

Name of advisor or internship supervisor: _____

Days/times available to intern: _____

Starting date for internship: _____ Ending date for internship: _____

How many hours are required for the internship? _____

How did you learn about CASA? _____

Why do you want to intern with CASA? _____

What do you hope to gain by interning with CASA? _____

What would you like to do as an intern? _____

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

- | | |
|---|--|
| <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 |

Other skills and/or qualifications:

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: _____

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.

BACKGROUND CHECK

Background Checks are completed through the Missouri Children's Division and a national database called Verified Volunteer. The fee for a background check is \$40 and must be paid to DCS-CASA upon acceptance of an internship.

AFFIRMATION AND AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby affirm that all of the answers provided on this internship 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 intern. I release any person, firm, or agency, public or private, from any liability for information furnished pursuant to this authorization. I also authorize the Douglass Community Services-CASA Program to contact my school and advisor or internship supervisor to investigate my background to determine my fitness as an intern and/or to discuss any situations that may arise during my internship.

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.

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 intern. 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 intern may be terminated without advance notice.

Signature: _____ Date: _____

Please return completed intern application to:

Sarah Conner, CASA Program Director

711 Grand Avenue

Hannibal, MO 63401

casa@douglassonline.org

or

Becky Morrell, CASA Volunteer Coordinator

711 Grand Avenue

Hannibal, MO 63401

casa2@douglassonline.org