

VOLUNTEER APPLICATION FOR CASA PROGRAM
CASA of South Central KY, P O Box 867, Bowling Green, KY 42102

(Please Print)

Name: _____

Address: _____

Telephone #: (h) _____ (w) _____

E-Mail Address: _____

May you be called at work? Yes No Social Security #: _____

How long have you lived in _____ County? _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____

If presently married, give husband's/wife's/partner's name and occupation:

Name: _____

Occupation: _____

Children:

Name

Date of Birth

Sex

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>

Other Members of Household:

Name

Relationship

<u>Name</u>	<u>Relationship</u>

Do you drive? Yes No Do you have an automobile available to you? Yes No

What is the current status of your health? _____

Your Education (circle highest completed)

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

Degree/Major: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____

Work/Volunteer History (Use another sheet if necessary)

1. Name and Address of present or last employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

2. Name and Address of present or last employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

3. Name and Address of present or last employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

List your other current community activities and membership in clubs, church and other organizations: _____

Languages Spoken: _____

Hobbies/Special Interests: _____

When would you be available for volunteer services? Check times.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Approximately how much time can you contribute weekly as a CASA volunteer?

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

- | | |
|---|--|
| 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 Care <input type="checkbox"/> | Writing <input type="checkbox"/> |
| Child Welfare <input type="checkbox"/> | Public Speaking <input type="checkbox"/> |
| Social Work <input type="checkbox"/> | Art or Graphics <input type="checkbox"/> |

If yes to any of the above, please describe: _____

Have you ever been arrested for a crime? Yes No

If yes, what charge? _____

Date of Arrest/Disp: _____ Where? _____

Can you think of any reason why Judge _____ might be reluctant to appoint you to a case? Yes No

If yes, why? _____

How did you learn about the CASA/GAL program? _____

- Please attach a brief statement explaining why you want to work with the CASA/GAL program.
- Please provide a copy of your driver's license and proof of insurance.

Personal References

(If you are employed, one reference should be from your employer)

1. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

In case of emergency, contact: _____

Telephone#: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of South Central KY to investigate my background to determine my fitness as a potential volunteer.

All applicants for employment, volunteer positions, advisory committee(s), and board of director's membership, must consent to a criminal background check and a Child Abuse and Neglect Registry Check (CAN). Refusal or failure to give written consent for these actions will prohibit employment or acceptance. The results of the criminal background and CAN checks will be shared with the applicant who may choose to attach a written statement of explanation concerning any negative findings. No person shall be accepted for employment, volunteer work, or service on the board of directors who has criminal charges pending or who has been convicted of a felony or misdemeanor involving sex offense, child abuse, or neglect or related acts that would pose risks to children or the CASA program's credibility. No applicant will be accepted against whom there has been a substantiation of abuse or neglect of another person. Traffic violations will be considered by the Board and Executive Director when choosing employees or accepting volunteers or board members.

As part of the application process, CASA reserves the right to contact police, courts and child protection agencies in other states if the applicant has resided in Kentucky less than five (5) years. CASA may also contact employees of the Cabinet for Health and Family Services (or successor agencies) for additional relevant information.

Any applicant who refuses to allow criminal background checks or a Child Abuse and Neglect Registry will not be considered for any position with CASA of South Central KY, Inc.

I understand that the information requested in this application will be used only for the purpose of determining suitability as CASA volunteer. Further, I understand that after the successful completion of my training, 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 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 advocate. I will discuss these matters only with those people directly involved in the case, those who will be consulted for their professional knowledge and expertise, the CASA staff, and others if ordered by the court.

Name (please print) _____

Signature _____

Date _____

Please return completed application to program office.