

CASA of Franklin County
Volunteer Application Form

Name _____ Social Security No. _____

Home Address _____

City/State/Zip _____ Phone Number _____

Email _____

Person to notify in emergency _____

Address _____ City/St. _____ Phone No. _____

EMPLOYMENT

Employer _____

Address _____

City/State _____ Phone No. _____

May you be contacted at work? _____ Yes _____ No

Brief description of work _____

EDUCATION

Formal Education (highest year of school completed) _____

Are you presently attending school? _____ Yes _____ No

Will you receive academic credit for your volunteer work? _____ Yes _____ No

Do you speak a foreign language? _____ Yes _____ No

If yes, which language (s) _____

AVAILABILITY

Are you willing to commit to 18 months of volunteer service? _____ Yes _____ No

How many hours per week are you available? _____

What days and hours of the week are you available? _____

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 hearings? ____ Yes ____ No
Do you drive? ____ Yes ____ No Do you have access to a car? ____ Yes ____ No

REFERENCES

Please list three references (no more than one family member, please)

Name	Address/City/Zip	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ESSAY QUESTIONS:

Why do you want to become a CASA/GAL volunteer?

How did you learn about the CASA/GAL program?

List current and previous volunteer work.

Do you have any experience with social service agencies as a staff person, foster parent, volunteer, or client? If yes, please describe.

Describe any strong interests, knowledge areas, hobbies or special skills which you could offer as a volunteer.

BACKGROUND CHECK

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would

pose risks to children or the CASA program's credibility is not eligible to be a CASA volunteer.

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Franklin County Inc., and any law enforcement agency they authorize, 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 my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am 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 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 CASA 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.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Your Signature _____

Date _____