



## CASA VOLUNTEER APPLICATION

*Please TYPE or PRINT legibly and complete entire application.*

**Applications may be returned via one of the following:**

**Email:** [Trainer@rockdalecasa.org](mailto:Trainer@rockdalecasa.org)

**Drop Off:** 999 Green Street, Conyers

**Mail:** PO Box 484 Conyers, GA 30012

**Fax:** 770-761-0202

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

Name: \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ W-ork #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

(Circle one) Full-time OR Part-time Length of employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Write a brief description of your work:

\_\_\_\_\_

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Have you ever been a foster parent? Yes\_\_\_\_\_ No\_\_\_\_\_ Currently? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever worked for the Department of Family & Children Services? Yes\_\_\_\_\_ No\_\_\_\_\_

## EDUCATION

Please circle highest level completed:

Some High School / High School / Some College / College Graduate / Post-Graduate

Are you currently attending school? Yes\_\_\_\_\_ No\_\_\_\_\_

Will you receive academic credit for your CASA volunteer work? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you speak a foreign language? Yes\_\_\_\_\_ No\_\_\_\_\_ Language(s): \_\_\_\_\_

## AVAILABILITY

Are you willing to commit to one year of volunteer service? Yes\_\_\_\_\_ No\_\_\_\_\_

How many hours per 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\_\_\_\_\_

What days and hours of the week are you available? Please check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

When can you attend CASA training? Please check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list any specific days when you cannot attend: \_\_\_\_\_

Do you have access to transportation? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you prefer to work with any particular age group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list ages: \_\_\_\_\_

## REFERENCES

Please list names and contact information of 4 people (2 professional – salaried or volunteer work, and 2 personal – *only one family member, please.*)

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

## ESSAY QUESTIONS

*Please briefly answer the following questions. (Two to four sentences each is sufficient.)*

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details:

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Have you ever had a case with, or investigation performed by, the Department of Family and Children Services? Yes\_\_\_\_ No\_\_\_\_ Please explain:

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How did you hear about the CASA program?

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Why do you want to be a CASA volunteer?

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What do you hope to get out of this volunteer experience?

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List your current and previous volunteer work.

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Briefly explain your philosophy of parenting, including rights and responsibilities of both parents and children.

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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?

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What experience or knowledge of children and families do you have that will assist you in determining what may be in a child's best interest? (e.g., parenting, childcare, etc...)

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## 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:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth: month/day/year

\_\_\_\_\_  
Social Security Number

Please circle one:

African American / Asian / Caucasian / Hispanic / Other: \_\_\_\_\_

\_\_\_\_\_

Signature

Date