



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

**Chattahoochee CASA**  
**A program of Twin Cedars Youth & Family Services, Inc.**

**CASA VOLUNTEER APPLICATION**

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

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

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

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

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

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

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

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

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

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

Telephone:  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

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

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender (circle one) Male or Female Ethnicity: \_\_\_\_\_

Emergency contact person & phone number(s): \_\_\_\_\_

How did you hear about the CASA program? \_\_\_\_\_

**Education** – Please circle highest level completed:  
Some High School / GED / High School / Some College / College Graduate / Post-Graduate

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

Check any training or experience (salaried or volunteer) in any of the following categories:  
**(NOTE: None is required to be a CASA Volunteer.)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child care                     | <input type="checkbox"/> Mental health                   | <input type="checkbox"/> News/media                   |
| <input type="checkbox"/> Child development              | <input type="checkbox"/> Counseling/psychology           | <input type="checkbox"/> Writing/editing              |
| <input type="checkbox"/> Child welfare                  | <input type="checkbox"/> Medicine                        | <input type="checkbox"/> Public speaking              |
| <input type="checkbox"/> Social work                    | <input type="checkbox"/> Education                       | <input type="checkbox"/> Arts/graphics                |
| <input type="checkbox"/> Personnel                      | <input type="checkbox"/> Law                             | <input type="checkbox"/> Fundraising                  |
| <input type="checkbox"/> Criminology or law enforcement | <input type="checkbox"/> Drug/alcohol treatment programs | <input type="checkbox"/> Advertising/public relations |

Please describe any above experiences or skills that may be applicable to CASA.

---

---

Please list volunteer service and length of service. \_\_\_\_\_

---

---

Have you ever worked for the juvenile court? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever worked for a Social Services Agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been a Foster Parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Currently? Yes \_\_\_\_\_ No \_\_\_\_\_  
List any other relevant experience: \_\_\_\_\_

---

Employment History: (begin with most recent or present employer)

Company Name _____	Dates of Employment: _____
Immediate Supervisor: _____	Job Title: _____
Reason for leaving? _____	

Company Name _____	Dates of Employment: _____
Immediate Supervisor: _____	Job Title: _____
Reason for leaving? _____	

Company Name _____	Dates of Employment: _____
Immediate Supervisor: _____	Job Title: _____
Reason for leaving? _____	

Company Name _____	Dates of Employment: _____
Immediate Supervisor: _____	Job Title: _____
Reason for leaving? _____	

List any charges, arrests, and/or convictions, (*other than traffic violations*), and list dates, county/state, and disposition of each. (An applicant having a charge or conviction for a crime involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program's credibility is disqualified as a CASA volunteer.) Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively affect the credibility of the CASA program will be considered on a case-by-case basis considering the time passed since the incident and the level of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a case with, or investigation performed by a State Social Services Agency?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9am - 12							
Afternoon 1 - 4 pm							
Evening 6 - 9 pm							

If relevant, please list any specific days when you cannot attend: \_\_\_\_\_

\_\_\_\_\_

Do you prefer to work with any particular age group? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list ages: \_\_\_\_\_

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

\_\_\_\_\_

**References** - Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 2 personal – *(no family members)*). If currently employed, please list supervisor first. **National CASA requires 4 references for each potential volunteer applicant and references must be received by the CASA office prior to swearing – in.**

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

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

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

Email \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

**All References must be COMPLETE**

---

---

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

Why do you want to be a CASA volunteer? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

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?

---

---

---

---

---

---

---

---

---

---

Please write an autobiographical statement. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## 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 an invitation to pre-service training, completion of training or an 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 and being sworn in by the judge, 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 Coordinator 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 also understand that the CASA Program Coordinator and staff have the sole discretion of determining my suitability to be a volunteer for the Chattahoochee CASA program. 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 ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I certify that the answers given in this application are true and complete 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.

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

\_\_\_\_\_  
Ethnicity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date