



## Volunteer Application

Date\_\_\_\_\_

(Please Print)

Name \_\_\_\_\_  
Last First Middle Initial

Address\_\_\_\_\_

\_\_\_\_\_

Telephone #: (h)\_\_\_\_\_ (w)\_\_\_\_\_

E-mail address: \_\_\_\_\_

May we call you at work? Yes\_\_ No\_\_ Social Security # \_\_\_\_\_

How long have you lived in Kentucky? \_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_

Marital Status\_\_\_\_\_

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

Name\_\_\_\_\_ Occupation\_\_\_\_\_

Children:

Name	Date of Birth	Gender
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Members of Household:

Name Relationship

Name Relationship

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Do you drive? Yes\_\_\_ No\_\_\_ Driver's license number\_\_\_\_\_

Exp. Date\_\_\_\_\_ Name of Insurer\_\_\_\_\_

Do you have an automobile available to you? Yes\_\_\_ No\_\_\_

What is your current health status? \_\_\_\_\_

**EDUCATION (circle highest completed)**

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major\_\_\_\_\_ Degree\_\_\_\_\_

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 FT PT

\_\_\_\_\_

Dates\_\_\_\_\_ Supervisor's Name\_\_\_\_\_

Brief Description of Work\_\_\_\_\_

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

\_\_\_\_\_

Dates\_\_\_\_\_ Supervisor's Name\_\_\_\_\_

Brief Description of Work\_\_\_\_\_

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

\_\_\_\_\_

Dates\_\_\_\_\_ Supervisor's Name\_\_\_\_\_

Brief Description of Work\_\_\_\_\_

List any other current community activities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken\_\_\_\_\_

Hobbies/ Special Interests\_\_\_\_\_

\_\_\_\_\_

When would you be available for volunteer service? Check times:

MON\_\_TUE\_\_WED\_\_THUR\_\_FRI\_\_SAT\_\_SUN\_\_

Morning\_\_ Afternoon\_\_ Evening\_\_

Approx. time you can contribute weekly as a CASA volunteer? \_\_\_\_\_

Are you aware that you will be required to complete basic training? \_\_\_\_\_

Will you be willing to participate in ongoing training and court appearances? \_\_\_\_\_

Can you see yourself visiting with a family in their home or with an institutionalized child? \_\_\_\_\_

What do you feel are the strengths you bring to this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_Medicine

\_\_Mental Health

\_\_Criminology

\_\_Working with children

\_\_Counseling

\_\_Public Speaking

\_\_Law Enforcement

\_\_Child Welfare

\_\_Psychology

\_\_Art or Graphics

\_\_Advertising, PR, or News Media

\_\_Social Work

\_\_Drug or Alcohol Programs

\_\_ Child Development

If you answered yes, please describe \_\_\_\_\_

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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 Bramlage might be reluctant to appoint you to a case? Yes\_\_ No\_\_

If yes, Why? \_\_\_\_\_

Anyone 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 will be rejected. Applicants with other felonies or misdemeanors will be evaluated with regard to the nature of the offense and its impact on the program's credibility.

How did you learn about the CASA Program? \_\_\_\_\_

**PERSONAL REFERENCES (References must be unrelated to you by blood or marriage. If employed, one reference from employer)**

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

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Telephone # \_\_\_\_\_

What additional information do you need about CASA?

\_\_\_\_\_

Please write a brief statement about why you want to be a CASA on the back of page 1.

### **AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Boone County CASA Program 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 suitability as a 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 CASA volunteer. I will discuss these matters only with people directly involved in the case or professionals consulted for their knowledge and expertise.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_