



STEVENS COUNTY CASA VOLUNTEER APPLICATION

Last Name	First Name	MI	Preferred Name	Date of Birth	Ethnic Origin*
Social Security Number	Maiden/AKA Name	E-mail Address			
Home Address, City, State, Zip Code				Home Phone	
Emergency Contact:				Telephone Number:	
Other states lived in over past 10 years and dates:				Cell Phone	
Educational Background: <input type="checkbox"/> HS <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> PhD <input type="checkbox"/> Other _____				How did you become aware of this program?	
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No Area of Study: _____					
Why do you want to become a CASA Volunteer?				Are you able to give 18 months commitment to the CASA Program <input type="checkbox"/> Yes <input type="checkbox"/> No	
When would you normally be available for volunteer service? Please check all that apply: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends				Approximately how much time can you contribute weekly as a CASA/GAL Volunteer?	
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Valid driver's license number: _____				List auto insurer and policy number:	
Date of Expiration: _____					
Do you or any of your family members have any experience with the juvenile court/legal system or DCFS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

* Voluntary information

Indicate paid/unpaid work history beginning with most recent:

1. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
3. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
4. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____

Please list three non-relative references who have known you for at least three years:

Name	Address, including city/state	Zip	Phone

- May we contact your references? Yes No
- We reserve the right to contact any other persons who may be known to you, and who you have not listed as a reference.

Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what Languages?
Do you have any restrictions on your ability to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain?

Do You have any training or experience in any of the following:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> MEDICINE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> COUNSELING |
| <input type="checkbox"/> PSYCHOLOGY | <input type="checkbox"/> DRUG OR ALCOHOL | <input type="checkbox"/> CHILD DEVELOPMENT |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> ABUSE PROGRAMS | <input type="checkbox"/> SOCIAL WORK |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> CHILD WELFARE | <input type="checkbox"/> LAW ENFORCEMENT |
| <input type="checkbox"/> NEWS MEDIA | <input type="checkbox"/> CRIMINOLOGY | <input type="checkbox"/> PUBLIC SPEAKING |
| <input type="checkbox"/> WRITING | <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> FUND RAISING |
| <input type="checkbox"/> ART | <input type="checkbox"/> GRAPHIC DESIGN | |

Have you ever been appointed as a guardian ad litem (GAL) or CASA Volunteer in any county or state? Yes No

Have you ever been removed from a guardian ad litem registry pursuant to a grievance action? Yes No

If so, please indicate the name of the court and the cause number. _____

Is there a reliable, secure phone number where a message may be left for you? Yes No _____

What are your hobbies/interests/community involvement?

Are special accommodations needed to assist you in your role as a CASA Volunteer? _____

Continue on back if needed

Why do you wish to become involved as a volunteer in this program?

Please describe life experiences which enhance your ability to advocate for children:

I affirm that all of the answers provided on my volunteer application are true. I hereby authorize Stevens County CASA and any law enforcement agency they authorize to investigate my background to determine my fitness as a potential volunteer. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and information which might otherwise be obtained will be used only for the purpose of determining my suitability as a volunteer. All information will be held in strict confidence. No individual will be rejected because of race, color, creed, national origin, sex, sexual orientation, age, marital status or physical disability. I understand that this program will be doing criminal history checks.

Date _____ **Applicant’s Signature**