CASA Volunteer Application



OHOH VOIGING	coi Application	Court Appointed Special Advocates FOR CHILDREN
NAME:	SOCIAL SECURITY #:	PHONE:
ADDRESS:	CITY/STATE:	ZIP:
How long at this address:	E-Mail Address:	Date of Birth & Race:
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
ADDRESS:	CITY/STATE:	ZIP:
EMPLOYMENT		
EMPLOYER:	MAY WE CONTACT YOU AT WORK?	PHONE:
	☐ YES ☐ NO	
ADDRESS:	CITY/STATE:	ZIP:
Write a brief description of your w	ork:	
EDUCATION		
Highest year of school completed:	-	
Are you presently attending school	ol? ☐ YES ☐ NO	
Will you receive academic credit for	or your CASA volunteer work?	☐ YES ☐ NO
Do you speak a language other that	an English? ☐ YES ☐ NO	
If yes, specify which language(s):		

Are you willing to commit to one year o	f volunteer service? YES NO
How many hours per week are you avai	lable?
What days and hours of the week are ye	ou available?
Do you have a valid driver's license?	☐ YES ☐ NO State of Issue License #
Do you have access to a car? ☐ YES	□NO
As a CASA volunteer you will be required represent.	d to attend court hearings for the children you
Will you be able to arrange your schedule	to attend these hearings?
REFERENCES	Please list no more than one family member.
NAME	ADDRESS/CITY/STATE PHONE
1)	
2)	
3)	
OUESTIONS	
QUESTIONS	Please use a separate sheet of paper if you need additional space.
Why do you want to become a CASA vo	
Why do you want to become a CASA vo	
Why do you want to become a CASA vo	olunteer?
Why do you want to become a CASA vo	olunteer?
Why do you want to become a CASA vo	olunteer? gram?
How did you learn about the CASA pro	olunteer? gram?
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QUESTIONS

Briefly explain your philosophy of parenting, including rights and responsibilities of both parents and children.
List your current and previous volunteer work.
Briefly explain what role you believe society should play in protecting the rights of children and in helping a family overcome hardships in order to remain living together as one unit.
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 interests? (e.g., parenting, child care, etc.)
Briefly describe any experience you have had with social service agencies as a staff person, foster parent, volunteer, or client.
Describe any strong interests, knowledge areas, hobbies, or special skills that you could offer as a volunteer.

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QUESTIONS
Have you ever been convicted of a crime? ☐ YES ☐ NO If yes, please describe:
Do you now or have you ever had allegations made against you with regards to child abuse and/or neglect? YES NO If yes, please describe:
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AUTOBIOGRAPHY Please write a one-page autobiography.

BACKGROUND CHECK

ny applicant convicted of or having charges pending for a felony or misdemeanor involving a sex fense, child abuse or neglect, or related acts that would pose risks to children or to the CASA rogram's credibility is not eligible to be a CASA volunteer.				
, hereby affirm that all of the answers provided on my volunteer				
oplication are true. I hereby authorize the CASA program and any law enforcement agency they				
authorize, to investigate my background to determine my fitness as a potential volunteer.				
anderstand that the information requested in this application will be used only for the purpose of etermining my suitability as a CASA volunteer. Further, I understand that completion of training does of guarantee that I will be assigned a case. If I have successfully completed the training and have met I other requirements, and it has been determined that I am a suitable volunteer, I understand that I ill be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances revent me from fulfilling this obligation, I will submit my written resignation to the program director ith as much advance notice as possible. I am aware of the sensitive and confidential nature of the ficial documents, reports, and other material I will examine in my capacity as a CASA volunteer. I ill discuss these matters only with those persons directly involved in the case or with those who ill be consulted for their professional knowledge and expertise.				
also understand that if for any reason it becomes apparent that my activities are contrary to the policies,				
oals, and/or philosophy of the CASA program and their ability to provide quality services to abused	l			
nd neglected children, my services as a CASA volunteer will be terminated.				
submit the statements on this application are true, complete, and correct to the best of my knowledge.				
understand that falsification on this application can disqualify me from consideration or can result				
dismissal at a later time.				
GNATURE DATE				

Please Return Application to:

CASA of Northeast Tennessee P.O. Box 1021 Johnson City, TN 37605

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