

Non-Advocate Volunteer Application

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Please Pri	nt								
First Name	e		_Last Name						
Telephone	neSS#								
DOB		DL State & #							
Personal I	nformation (I	Please circle	e corre	ect response):					
Gender:	Male	Fe	male						
Race: (Op	tional)								
	Black	White	Hi	spanic/Latino	Native	e American			
	Other								
Education	(highest leve	el complete	 ≥d):						
	• –	-	-	Business		Graduate School			
	Technical/	Vocational							
Occupatio	=								
-	ous volunteer e:				WYW MET AND				
Do you ha	ve any speci	al skills/tra	ining?	•					
Languages	5:								
	FI	uent F	Read	Write					
Volunteer	Availability	(circle all th	ıat ap	ply):					
Monday	Tuesday reference	Wednesda		Thursday	Friday	Weekends			

Volunteer Areas of Interest:								
	n about CASA of N Word of Mouth		•					
In an emergency,	notify:							
Full Name	one							
national origin. I he enforcement agency a potential voluntee	grees to serve any clie reby authorize the C/ y they authorize, to in er. I understand that checks will disqualify	ASA of Northeas ovestigate my ba failure to author	t Tennessee prog ckground to dete ize this release o	ram and any law rmine my fitness as				
Signature (Volun	teer)			Date				
Signature (Staff)		· · · · · · · · · · · · · · · · · · ·		Date				