

Douglas County CASA, Inc.
1100 Massachusetts
Lawrence KS 66044
785-832-5172

Volunteer Application

Please complete and return this form as soon as possible. Your prompt attention is appreciated.

I. PERSONAL

A. Current personal information:

Name _____ D.O.B. _____ SSN _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address: _____ City _____ Zip: _____
 How long at this address? _____ E-mail: _____

B. Employment history for the past five years (begin with most recent job):

Employer	Occupation	Dates Employed
Address	Phone Number	Reason for leaving

C. Residence history for the past 5 years (begin with most recent previous residence):

Previous Address	Date Residing There
City, State, Zip Code	

D. Emergency Notification

Name _____ Relationship to you _____
 Address _____ Phone Number _____

II. COMMITMENT

A. Do you agree to the following:

- Commit to an average of 3 hours per week as a CASA? ___ Yes ___ No
- Commit to at least one year of service as a CASA? ___ Yes ___ No
- Participate in ongoing supervision and training meetings? ___ Yes ___ No
- Maintain confidentiality regarding all court cases? ___ Yes ___ No
- Be consistent and stable adult in a child's life? ___ Yes ___ No
- Submit reports to CASA and Court on time? ___ Yes ___ No

B. Why are you interested in volunteering with CASA? What do you feel you will contribute as a participant in this program?

C. What volunteer experiences have you had (please list and describe)?

D. Please describe experiences you have had involving people of races and classes different from your own?

E. Please list interests, hobbies, and special talents you have.

III. TRANSPORTATION

Do you have a valid driver's license? ___ Yes ___ No

Drivers License Number _____ Is car available to you? ___ Yes ___ No

Insurance Co. _____ Policy Number _____

Liability limits:

Bodily Injury _____ Per Accident _____ Property Damage _____

IV. EDUCATION/TRAINING/EXPERIENCE

1. GED _____ High School Diploma: ___ Yes ___ No
Name of High School and year you graduated _____

2. College Degree ___ Yes ___ No
Type of Degree earned _____ Year Graduated _____
Name of College attended _____

3. Other related education/training programs completed _____

4. Please mark any area below that you have training or work experience in:

<input type="checkbox"/> Criminology	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Education
<input type="checkbox"/> Health Care	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Writing
<input type="checkbox"/> Psychology	<input type="checkbox"/> Social Work	<input type="checkbox"/> Drug/Alcohol Abuse
<input type="checkbox"/> Child Development	<input type="checkbox"/> Counseling	<input type="checkbox"/> Child Care

Please describe briefly:

V. LEGAL HISTORY

1. Have you ever been arrested? Yes No
If yes, please explain:

2. Have you ever been involved in a juvenile court case (as an adult or a child)?
 Yes No If yes, please explain:

3. Have you ever had an adult conviction or juvenile adjudication that was expunged from your record?
 Yes No If yes, please explain:

4. Have you ever been the subject of a child abuse investigation? Yes No
If yes, please explain:

5. Do you have any personal experience with child abuse and neglect:
 Yes No If yes, please explain:

VI. PERSONAL REFERENCES

Please list four references to whom you are not related, and who have known you for at least one year. These should be individuals who can describe your personal and/or professional capacity to work with children as a volunteer in this program. At least one of these references must be from an employment or volunteer experience. The CASA program staff will contact the references you list. The information gathered will be kept in strictest confidentiality.

1. Name _____ Relationship _____
Address _____ Phone # _____
City _____ State _____ Zip _____

2. Name _____ Relationship _____
Address _____ Phone # _____
City _____ State _____ Zip _____

3. Name _____ Relationship _____
Address _____ Phone # _____
City _____ State _____ Zip _____

4. Name _____ Relationship _____
Address _____ Phone # _____
City _____ State _____ Zip _____

VII. AFFIRM AND RELEASE

I understand the information regarding all cases is confidential and will not be discussed outside the agency. _____ (Initial)

I understand that any breach of confidentiality will result in termination from the program. _____ (Initial)

I understand that after successfully completing my training, I will be expected to serve an average of 3 hours per week for at least one year as a Court Appointed Special Advocate. If unforeseen circumstances prevent me from fulfilling this contract, I will give the Executive Director advance notice and submit a written resignation. _____ (Initial)

I, _____ hereby affirm that all of the answers on this CASA volunteer application are true to the best of my knowledge. I hereby authorize the Douglas county CASA, Inc. office to investigate my background to determine my fitness as a potential CASA volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate and are confidential to Douglas County CASA, Inc.

Name (Print) _____

Signature _____ Date _____

VIII. SCREENING

Douglas County CASA seeks to serve Children in Need of Care in our district court. This organization seeks to protect these children by thoroughly screening all applicants to the CASA program. The information obtained by Douglas County CASA is confidential. The screening procedures will include the following:

1. SRS Child Abuse Registry Check
2. KBI Criminal Investigation Check
3. Reference checks
4. Personal interview with staff
5. Training evaluation