

Floyd County CASA
P.O. Box 5143
Rome, GA 30162-5143
706-235-2272
www.floydcasa.org



CASA VOLUNTEER APPLICATION

Please TYPE or PRINT legibly and complete entire application.

Date: _____

Name: _____
(Last) (First) (MI)

Home address: _____

County: _____ City: _____ State: _____ Zip: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

(circle one) Full-time OR Part-time Length of employment: _____

Work address: _____

City: _____ State: _____ Zip: _____

Telephone numbers:
Home _____ Work _____ Cell _____

May we contact you at work? Yes _____ No _____

Email address _____

Sex (circle one) Male OR Female Ethnicity _____

Emergency contact person _____
& phone number _____

How did you hear about the CASA program? _____

Education – Please circle highest level completed:

Some High School / High School / Some College / College Graduate / Post-Graduate

Do you speak a foreign language? Yes _____ No _____ Language(s): _____

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Check any training or experience (salaried or volunteer) in any of the following categories:
(NOTE: None is required to be a CASA Volunteer.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Mental health | <input type="checkbox"/> News/media |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Counseling/psychology | <input type="checkbox"/> Writing/editing |
| <input type="checkbox"/> Child welfare | <input type="checkbox"/> Medicine | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Education | <input type="checkbox"/> Arts/graphics |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Law | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Criminology or
law enforcement | <input type="checkbox"/> Drug/alcohol
treatment programs | <input type="checkbox"/> Advertising/public
relations |

Please describe any above experiences that may be applicable to CASA.

Please list volunteer service and length of service.

Have you ever worked for the juvenile court? Yes _____ No _____

Have you ever worked for the Dept. of Family & Children Services? Yes _____ No _____

Have you ever been a foster parent? Yes _____ No _____ Currently? Yes _____ No _____

List any charges, arrests, and/or convictions, **other than traffic violations**, and list dates, county/state, and disposition of each. (An applicant having a charge or conviction for a crime involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program's credibility is disqualified as a CASA volunteer. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively affect the credibility of the CASA program will be considered on a case-by-case basis considering the time passed since the incident and the level of rehabilitation.)

Have you ever had a case with, or investigation performed by, the Department of Family and Children Services? Yes _____ No _____ Please explain: _____

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When can you attend CASA training? Please check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If relevant, please list any specific days when you cannot attend: _____

Do you prefer to work with any particular age group? Yes _____ No _____ If yes, please list ages: _____

Do you have access to transportation? Yes _____ No _____

References - Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 1 personal – *no family members, please*). If currently employed, please list supervisor first.

1. Name _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

2. Name _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

3. Name _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

Please briefly answer the following questions. (Two to four sentences each is sufficient.)

Why do you want to be a CASA volunteer? _____

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AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that the information requested will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate. I understand that this application does not ensure appointment as a CASA volunteer. I understand that completion of training does not guarantee that I will be assigned a case. After successful completion of my training, I further understand that 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 a written resignation to the program director with as much advance notice as possible.

I am aware that I will be examining sensitive, confidential documents, reports and other material in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case at the Court or those who will be consulted for their professional knowledge or expertise. I will not divulge this confidential information to anyone else.

I hereby authorize CASA and any law enforcement agency or other appropriate agency to receive any criminal history record information and state central registry information (from the Department of Family and Children Services) pertaining to me, which may be in files of any federal, state or local criminal justice agency in the United States, and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and be received on a continual basis during the period of time that I am an active volunteer for the CASA program.

I certify that the answers given in this application are true and complete to the best of my knowledge, and understand that if accepted into the program as a volunteer, any false or misleading statements on this application shall be grounds for dismissal.

Please complete the following information needed for background checks:

Full Name

Home Address

City

State

Zip

Sex

Date of Birth: month/day/year

Social Security Number

Please circle one: African American / Asian / Caucasian / Hispanic / Other: _____

Signature

Date