

# CASA – Cass County, Michigan

## Volunteer Application

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work - May we call you at work: \_\_\_\_\_  
Cell Message

E-Mail: \_\_\_\_\_

Sex: M F Birth Date: \_\_\_\_\_

Marital Status: Married Single Widowed Divorced

Spouse's Name: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT INFORMATION:

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Phone Number: \_\_\_\_\_

Your Normal Days & Hours Of Work: \_\_\_\_\_  
Example: Mon-Fri, 8am – 5pm

If it is necessary to appear in court or fulfill other CASA obligations during your normal work hours, will you be able to do so? \_\_\_\_\_

Please give a brief description of your job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

Are you willing to commit to eighteen months of volunteer service? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours per week are you available? \_\_\_\_\_

What days and hours of the week are you available? \_\_\_\_\_

As a CASA Volunteer you will be required to attend court hearings for the children you represent.

Will you be able to arrange your schedule to attend these hearings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No      Do you have access to a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

**VOLUNTEER EXPERIENCE:**

1. Agency Name & Address: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

To

From

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Agency Name & Address: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

To

From

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION:**

Highest level of education achieved? \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Area of study: \_\_\_\_\_

Professional licenses, registrations, and/or certifications:

\_\_\_\_\_

Type

State issued

Exp. Date

No.

**PERSONAL & BUSINESS REFERENCES** (Please do not use relatives):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_

Home

Business

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Business

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Business

**OTHER EXPERIENCE:**

Have you had any personal experiences with any of the following?

Department of Public Welfare – Child Protection Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Juvenile Court: \_\_\_\_\_  
\_\_\_\_\_

Foster Care: \_\_\_\_\_  
\_\_\_\_\_

Any other agency offering services to children: \_\_\_\_\_  
\_\_\_\_\_

How did you find out about the CASA program? \_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Other special training, skills, experiences, or education, which increases your value to the CASA program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If chosen as a CASA volunteer, when would you be available for training sessions?

MORNINGS

AFTERNOONS

EVENINGS

WEEKENDS

(circle the best time)

Please write a brief statement about why you would like to be a CASA volunteers and what you expect from the CASA program (attach additional pages, if necessary).

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TREATMENT HISTORY:

Volunteer applications who have received treatment services (residential or outpatient treatment, correctional programs) cannot be immediately accepted as a CASA volunteer. In these instances, it is necessary for the applicant to have made a satisfactory community adjustment for at least one year before acceptance as a CASA volunteer.

Have you ever experienced/received treatment for drug, alcohol, or mental health problem?  
 Yes  No (You may discuss details in a confidential interview.)

Nondiscrimination Policy

*In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II, the Age Discrimination Act of 1975, and the Americans with Disability Act of 1990, it is the policy of Cass County CASA that no person shall on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied benefits of, or be subjected to discrimination during any program or activity in employment.*

**BACKGROUND CHECK:**

Driver's License Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

List any other name by which you ever have been known or are now known as: \_\_\_\_\_

Have you been convicted of a law violation other than a minor traffic offense?

Yes             No

If yes, what was the offense(s)? \_\_\_\_\_

Date Convicted: \_\_\_\_\_

End of Probation, parole, or court jurisdiction: \_\_\_\_\_

Do you have any friends or relatives confined at the:

- a) County Jail                                     Yes    No
- b) County Juvenile Detention Center        Yes    No
- c) State Prison                                    Yes    No

If yes, please list name(s) and relationship:

Name	Relationship
_____	_____
_____	_____

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility is not eligible to be a CASA volunteer.

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Cass County CASA, Inc. and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of eighteen (18) months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the volunteer coordinator or executive director, with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

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Signature of Applicant

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Date