



CASA

Court Appointed Special Advocates
FOR CHILDREN

OCMULGEE COURT APPOINTED
SPECIAL ADVOCATES

**PO Box 1586
Milledgeville, GA 31059
478-452-9170
Fax: 478-452-0592
ocasalm@baldwin.k12.ga.us**

VOLUNTEER APPLICATION FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP CODE** _____

MAILING ADDRESS: (If different from above) _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP CODE** _____

DAYTIME TELEPHONE NUMBER: _____ **SEX:** _____ **EMAIL:** _____

EVENING TELEPHONE NUMBER: _____ **ETHNIC ORIGIN:** _____

CURRENT EMPLOYER: _____

ADDRESS: _____ **TELEPHONE #** _____

LENGTH OF EMPLOYMENT: _____

POSITION/OCCUPATION: _____

HAVE YOU EVER WORKED FOR THE JUVENILE COURT? YES _____ NO _

HAVE YOU EVER WORKED FOR THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES?
(Include service as a foster parent) YES _____ NO _____

LIST ANY VOLUNTEER EXPERIENCE AND HOW LONG:

LIST ANY OTHER EXPERIENCE, EDUCATION OR TRAINING RELATED TO DEPENDENT CHILDREN AND FAMILIES:

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? (A conviction does not necessarily disqualify you from the volunteer program). YES _____ NO _____

HAVE YOU SOUGHT TREATMENT FOR OR ARE YOU CURRENTLY IN TREATMENT FOR A MENTAL HEALTH PROBLEM? YES _____ NO _____

HAVE YOU EVER HAD A CASE WITH, OR INVESTIGATION PERFORMED BY, THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES? YES ___ NO _____

(If yes, by signing this application you are providing consent for the CASA office to contact the Department of Family and Children's Services regarding the above mentioned case.) Please explain.

HOW DID YOU HEAR ABOUT THE CASA PROGRAM?

WHY DO YOU WANT TO VOLUNTEER FOR CASA?

4 MANDATORY REFERENCES: We will be unable to process your application without four complete references. Please fill out the information completely.

TWO (2) PERSONAL REFERENCES (ONLY ONE FROM FAMILY MEMBER)

AND

TWO (2) PROFESSIONAL REFERENCES (SALARIED OR VOLUNTEER WORK)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE NUMBER:(H) _____ (W) _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE NUMBER: (H) _____ (W) _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE NUMBER: (H) _____ (W) _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE NUMBER: (H) _____ (W) _____
RELATIONSHIP: _____

PERSONAL INFORMATION:

MARITAL STATUS: _____

CHILDREN AND AGES: _____

EDUCATION OR OTHER TRAINING:

NAME OF SCHOOL/PROGRAM

DEGREE

DATES ATTENDED

I, _____ hereby affirm that all of the answers provided on my volunteer application are true.

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 one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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.

Name (please print)

Signature

Date

Witness (Ocmulgee CASA, Inc. employee)

