



VOLUNTEER APPLICATION

Please print clearly or type:

I. General Information

Full Name _____ (Maiden) _____ Sex _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____ Times easily reached: _____

FAX: _____ E-mail: _____

Birth date: _____ Social Security Number: _____

Years in State: _____ Years in County: _____

II. Employment

Present Employer _____ How long? _____

Business Address _____

Job Title: _____ Business Phone: _____

May you be called at work? _____ Times easily reached: _____

Does job require travel? _____ Please list three most recent employers (include firm, address, supervisor, dates and reason for leaving).

1. _____

2. _____

3. _____

Make/Model of car _____ License Tag # _____

Do you have liability insurance? _____ Valid TN Driver's License? _____

Do you use other form(s) of transportation? _____

III. Experience

Education level completed: _____

Special skills, training, hobbies: _____

Professional/civic/social affiliations: _____

Military service: Time served _____ Branch _____ Rank _____

Type of Discharge _____ Date _____

Volunteer experience: _____

How did you become aware of CASA? _____

What would be some of your strengths and weaknesses as a CASA volunteer?

Please list any members of CASA with whom you are acquainted:

Have you had personal/professional experience with (Please explain):

*Dept. of Children's/Human Services _____

*Juvenile Court _____

*This CASA or any other _____

*Foster Care _____

*Other agencies offering service to children _____

If "yes", please explain: _____

Have you ever been accused, arrested, or convicted of a misdemeanor or crime? Yes No

If "yes", please explain: _____

Have you ever had your drivers' license revoked or suspended? Yes No

If yes, please explain: _____

Are you currently or previously involved in a custody dispute? Yes No

If yes, please explain: _____

Describe any experiences you have had working with children:

What changes do you anticipate in your job or family within the next year?

Do you sincerely feel that you can commit yourself to the program for at least one year and spend 1-4 hours each week with the child to whom you are assigned? _____

With advance notice, will your schedule permit you to appear in court? _____

Do you agree to a criminal background check/child abuse check? (To be completed in any county/state where you have resided?) _____

(Any applicant found to have been convicted of, or to have pending charges for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or this program's credibility will not be accepted into the program.)

IV. Emergency Contact

Name: _____ Phone _____ Relationship _____

Address: _____ City/State _____

V. References

*We will send questionnaires to your references and must have a complete mailing address including zip code for each reference. Please list four **non-relative** personal references who have know you well enough to answer specific questions.*

<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
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1. _____

List phone # & email address here: _____

2. _____

List phone # & email address here: _____

3. _____

List phone # & email address here: _____

4. _____

List phone # & email address here: _____

(Note: you must have at least 3 positive responses on file to begin a case.)

Please answer the following questions:

1. What motivates you to apply to volunteer with this program?

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2. What do you think of when you hear the words "child abuse"?

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3. Why do you think parents would abuse their child?

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4. What is your personal history or experience with child abuse?

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The undersigned acknowledges and agrees that:

1) He/she is not obligated, if called upon to perform the volunteer services herein applied to perform.

2) As a part of CASA's screening process, professional agency personnel will elicit additional personal information from the applicant.

I certify that I am the above individual and understand that falsification of any information given to Lakeway CASA, Inc. could invalidate my participation in the program.

Signature: _____ Date: _____

Please return this application to:
Lakeway CASA
1609 Walter State CC Dr. Suite 9
Morristown, TN 37813
423-307-5762