



Strengthening Individuals...Nurturing Families...Enhancing Workplaces...Since 1854



A member of the National CASA Association

CASA VOLUNTEER APPLICATION FORM

Date of Application _____

Name _____

Date of Birth _____ Social Security # _____

Address _____ Home Phone # _____

_____ Work Phone # _____

(City, State and Zip Code)

Cell Phone # _____

E-mail address _____

Education Last Grade Completed: 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21+

High School Attended: _____ Years Attended: _____

College Attended: _____ Years Attended: _____

Undergraduate Degree: _____ Graduate Degree: _____

Additional Education: _____

Marital Status: _____

Names and Birth Dates of Children:

_____	_____
_____	_____
_____	_____

II. Employment:

Employer	Dates	Position	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If you are currently employed, please give your employer's address and the hours you work.

III. Activities: List Community Service Organizations and Clubs with which you are involved or have been involved, and the nature of your involvement.

- 1.
- 2.
- 3.

Hobbies/Special Interests:

- 1.
- 2.

Special Skills:

1. Language(s) and proficiency:
2. Other:

IV. Have you ever had any personal experience involving:

- | | | |
|--|-----|----|
| 1. The Legal/Court System (including any arrests or charges filed) | Yes | No |
| 2. The Child Welfare System/Department of Social Services. | Yes | No |
| 3. Foster Care | Yes | No |
| 4. Parenting or Child Care | Yes | No |

If you answered Yes to any of the above, please explain on a separate piece of paper.

Were you ever convicted of physically or sexually abusing a child? If yes, please elaborate.

Have you ever been convicted of a felony? Yes No

If yes, please explain.

How did you learn about the CASA Program?

Do you have approximately 15-20 hours per month to volunteer? Yes No

Do you have the flexibility to make phone calls during daytime hours? Yes No

Do you have the flexibility to attend court and case conferences during daytime hours approximately 6 times per year? Yes No

Best time to train: __daytime (9am-5pm) ____ evenings M, T, W, Th
Saturday mornings ___ other

VI. Please list three references, at least two of whom are not related to you. We prefer at least 1 family member, and 1 person who has a professional relationship with you (including co-workers, supervisors, educators, and volunteer coordinators, etc.)

Name	Full Address	Telephone	Relationship to you
1. _____	_____ _____	_____	_____
2. _____	_____ _____	_____	_____
3. _____	_____ _____	_____	_____

VII. On a separate piece of paper, please briefly answer the following questions:

1. What are your views on parenting?
2. What does the phrase "best interests of the child" mean to you?
3. What do you expect to gain from your volunteer experience with the CASA Program?
4. What do you believe you will contribute to the CASA Program?

VIII.

I hereby certify that all the statements made on this application and its attachments are true and correct to the best of my knowledge.

I authorize the CASA Program to make inquiries concerning my employment and character. This includes a CORI (criminal record check - with all arrests even if charges dropped). I further authorize my present and former employers, the Board of Probation, and all other persons and institutions contacted by the CASA Program to release to the Program any and all information they have about me.

Signed under penalties of perjury.

Signature of Applicant _____ Date _____

Additional Information for the Consideration of this Application:

Thank you for your interest in the CASA Program and your time in completing this application.

RETURN TO: Northern Essex County CASA Program, 430 North Canal Street, Lawrence, MA 01840

For Staff Use:

App. rec'd _____

Ref sent _____

Ref rec'd _____

CORI _____