



CASA

Court Appointed Special Advocates
FOR CHILDREN

CASA OF LIVINGSTON COUNTY

Volunteer Application

PLEASE TYPE OR WRITE LEGIBLY. COMPLETE ALL PAGES OF THE APPLICATION. WRITE N/A IN THE BLANK IF IT DOES NOT APPLY. THANK YOU!

Name _____ Date _____

Current Address _____

City _____ State _____ Zip Code _____

If less than one year, please list your previous address

Previous Address _____

City _____ State _____ Zip Code _____

Current Employment

Place of employment _____ Occupation _____

Address _____ City/State _____ Zip Code _____

I prefer to receive phone calls at: Work _____ Home _____

I prefer to receive faxes at: Work _____ Home _____

I prefer to receive email at: Work _____ Home _____

Please list possible availability: (Check all that apply)

Daytime Evenings Weekdays Weekends

Hours available:

Previous Employment

Employer	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Education

High School

Name _____
City/State _____
Circle last year completed 9 10 11 12 GED Date completed _____

College

Name _____
City/State _____
Circle last year completed: 13 14 15 16+ Dates attended _____
Degree/Field of Study _____

List previous experiences (volunteer, paid, or educational) that would assist you in your role as a CASA Volunteer?

Why do you wish to volunteer with the Livingston County CASA Program?

How did you learn about volunteer opportunities available with the Livingston County CASA Program?

Is it necessary for you to limit your physical activity in any way? _____ If yes, please explain:

Emergency Contact

Individual to be notified in case of an emergency:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

I certify that the information given in this application is correct to the best of my knowledge, and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal.

Signature _____ Date _____

Please list three personal and professional references:

Name _____ Phone _____

Address _____ City/State _____ Zip Code _____

Name _____ Phone _____

Address _____ City/State _____ Zip Code _____

Name _____ Phone _____

Address _____ City/State _____ Zip Code _____

Because of the sensitive nature of our work, we request the following information:

1. Have you ever been convicted of anything other than a minor traffic violation? _____ If yes, what was the offense(s)?

Date(s) convicted _____ End of probation, parole, or court jurisdiction _____

2. Have you ever had any felony charges pending against you? _____ If yes, please explain

3. Have you ever had a personal protection order against you? _____ If yes, please explain

4. Have you ever been involved in the abuse or neglect of a child or adult? _____ If yes, please explain _____

5. Have you ever been involved with a Protective Service Agency? _____ If yes, please explain _____

6. List all addresses from the last seven years

Address

City/State/Zip

Dates

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

7. Are you willing to sign a release of information of any and all criminal records? _____

Please complete the attached authorization form.

NAME CHECK AUTHORIZATION

I, _____ HEREBY AUTHORIZE CASA of Livingston County to obtain information **pertaining to any driving records as well as past/ current educational information and any charges and/or convictions I may have had for federal and state criminal law violations.** This information will include but not be limited to allegations and convictions for crimes committed upon minors and gathered from State Police Central Records Division in specific states, the Child Abuse Central Registry and from various agencies to the extent permitted by state and federal law.

I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the CASA program. I further hereby hold harmless CASA of Livingston County and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name _____ Date _____

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Address _____

City/State _____ Zip Code _____

Date of Birth _____

Driver's License Number # _____

Michigan ID # _____

Race _____ Gender _____

Social Security Number # _____