



## VOLUNTEER APPLICATION FORM

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Apt** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Social Security number** \_\_\_\_\_

**Employment status**     Full time     Part time     Student     Not employed     Retired

**Place of Employment** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Gender**                     Female     Male                    **Date of birth** \_\_\_\_\_

**Emergency contact** \_\_\_\_\_ **Emergency phone** \_\_\_\_\_

**Ethnicity**             African-American     Asian-American     Caucasian             Latino

Native American     Other                     Unknown

**Formal Education (Highest year of school completed)**     Some high school     GED             High school

Some college             College             Post-graduate             Other             Unknown

**Major** \_\_\_\_\_ **Degree** \_\_\_\_\_

**Primary Language**     English     Spanish             Signing     French     Other \_\_\_\_\_

**Do you speak another/secondary Language?**     Spanish             Signing             Other \_\_\_\_\_

**Referred by**     Flyer             Friend             Internet             Local newspaper             Local radio  
 National media     NCASAA     Other             Unknown             Volunteer referral agency

**Do you have any training or experience in any of the following?**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Child Care        | <input type="radio"/> Domestic/Sexual Violence Services | <input type="radio"/> Mental Health      |
| <input type="radio"/> Child Development | <input type="radio"/> Drug/Alcohol Abuse Programs       | <input type="radio"/> Mental Retardation |
| <input type="radio"/> Child Welfare     | <input type="radio"/> Education                         | <input type="radio"/> Psychology         |
| <input type="radio"/> Counseling        | <input type="radio"/> Law Enforcement                   | <input type="radio"/> Writing            |
| <input type="radio"/> Criminology       | <input type="radio"/> Medicine                          |  |

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been accused or convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

(An applicant having a charge or conviction for a crime involving a sex offense or child abuse or neglect is disqualified as a CASA volunteer. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA Program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever entered a treatment program relating to admitted incidents of child physical, emotional or sexual abuse that was **committed** by you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been investigated by the Department of Social Services for abuse and/or neglect?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you personally experienced abuse and/or neglect as a child? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain what you have done to recover from it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please **complete** the information for three references of people who know you well, **other than relatives**, preferably for whom you have worked in either a paid or volunteer capacity:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**PLEASE COMPLETE:** In an essay format please explain why you are interested in being a CASA Volunteer and describe what you see as the benefits for both yourself and the children. Please attach a separate sheet for this essay.

CASA of Cherokee Country will conduct any background/reference checks deemed appropriate as to the suitability of any applicant for this confidential work. All information obtained will be held in strictest confidence.

Do you consent to a routine criminal background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to the CASA office

P.O. Box 1788 . 304 W. Keetoowah St.. Tahlequah, OK 74465

918/456-8788 . 866/400-8788 . Fax 918/456-6041

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