Date:	



CASA of the Highland Rim Volunteer Application

PERSONAL

Full Name:	
Social Security Number:	Date of Birth:
Tennessee Driver's License Number:	
Current Address:	
E-mail Address:	
Previous Address:	
Home Phone:	Cell Phone:
Are You Employed? Yes No Full-time Part-time	Hours:
Place of Employment:	Position:
Work Phone:	Can you be called at work? Yes No
Marital Status: Spouse's Name:	
Occupation:	
Do you have any children? Yes No	If so, what are their ages?
In case of emergency please call:Name	Phone

Education

High School:		Circle highest completed: 9 10 11 12 Circle highest completed: 1 2 3 4				
						Major:
Graduate School:						
Do you have any train	ing or experience in any of the follow	ng? (Please circle)				
Medicine Psychology Child Care Law Enforcement	Mental Health Substance Abuse Programs Social Work Advertising or Public Relations	Counseling Child Development Computers News Media	Fundraising Mediation Graphic Desigr Writing			
Other languages spok	en:					
Hobbies/Special Interes	ests:					
Availability						
Are you prepared to co	omplete 35 hours of pre-service train ation? Yes No	ng, and 12 hours of in-service?				
Are you aware of any	conflicts you have with the training so	hedule?				
Does your schedule p	ermit you to attend meetings, court h Yes No	earings or foster care reviews during the	e workday?			
Do you have reliable to	ransportation? Yes No Do y	ou have current driver's liability insuran	ce? Yes No			
Background Info	ormation					
What do you feel are t	he strengths and weaknesses that yo	ou bring to this program?				

Dep	ase describe any personal or professional experiences you have partment of Children's Services, the Juvenile Court system, fosted dren:	
Wh	y have you chosen to work with the CASA program at this partic	ular time in your life?
Hav	ve you had involvement with the police or legal system that may	-
Yes		·
	ve you ever been arrested? Yes No If yes, explain:	
	you or is someone close to you currently involved in court proce	
It y	es, explain:	
Th	ree References	
a fr We	part of your application, we must have three references. At least end or co-worker (for example a teacher, therapist, or employer ask that you list your references here, and then when you submeryour references. Your references should send the forms back	None of your references should be relatives. it your application to us, we will give you forms to
1)	Name	Email
	Address	
	CityStateZip	Phone
2)	Name	Email

	Address			-		
	City	_State	_Zip	Phone		
3)	Name			Email		
	Address					
	City	_State	Zip	Phone		
I,						
Name: (plea	se print)		Date:			
Signature:						
CASA of the 111 Highwa Dickson, TN			e:			
or email it to	executivedirector@casadicksoncounty.org					