

Date: \_\_\_\_\_



DICKSON COUNTY

## CASA of Dickson County, Inc. 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

College: \_\_\_\_\_

Circle highest completed:    1   2   3   4

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Degree: \_\_\_\_\_

Do you have any training or experience in any of the following? (Please circle)

Medicine	Mental Health	Counseling	Fundraising
Psychology	Substance Abuse Programs	Child Development	Mediation
Child Care	Social Work	Computers	Graphic Design
Law Enforcement	Advertising or Public Relations	News Media	Writing

Other languages spoken: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

### Availability

Are you prepared to complete 35 hours of pre-service training, and 12 hours of in-service?  
each year after graduation?    Yes    No

Are you aware of any conflicts you have with the training schedule? \_\_\_\_\_

Does your schedule permit you to attend meetings, court hearings or foster care reviews during the work day?    Yes    No

Do you have reliable transportation?    Yes    No            Do you have current driver's liability insurance?    Yes    No

### Background Information

What do you feel are the strengths and weaknesses that you bring to this program? \_\_\_\_\_

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Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Children's Services, the Juvenile Court system, foster care, or other agencies offering services to children:

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Why have you chosen to work with the CASA program at this particular time in your life? \_\_\_\_\_

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Have you had involvement with the police or legal system that may have resulted in a police record?

Yes No If yes, explain: \_\_\_\_\_

Have you ever been arrested? Yes No If yes, explain: \_\_\_\_\_

Are you or is someone close to you currently involved in court proceedings or litigation of any kind? Yes No

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

## References

As part of your application, we must have three references. At least one reference must be from someone other than a friend or co-worker (for example a teacher, therapist, or employer). None of your references should be relatives. We ask that you list your references here, and then when you submit your application to us, we will give you forms to give your references. Your references should send or fax the forms back to our office.

1) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that all of the information provided on this application is true.

I authorize CASA Works, Inc. and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer. I understand that my fingerprints will be submitted to the Tennessee Bureau of Investigation for a full background check to include the FBI, Child Abuse Registry, Sexual Offender Registry, Criminal History, and Orders of Protection Registry. Furthermore, I understand that my application will be rejected if I have been convicted of, or have charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of the training does not guarantee that I will be appointed to a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year with the program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Director with as much notice as possible. I am aware of the sensitive and confidential nature of this work, the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA Program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Upon completion of this application, send it back to the CASA office: CASA of Dickson County, Inc. 111 Highway 70 East Dickson, TN 37055 or email it to [casaofdicksoncounty@gmail.com](mailto:casaofdicksoncounty@gmail.com).