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:  College:  Major:		Circle highest completed: 9 10 11 12  Circle highest completed: 1 2 3 4				
						Degree:
		Graduate School:		Degree:		
Do you have any traini	ing or experience in any of the followin	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 Des Writing			
Other languages spok	en:					
Hobbies/Special Interes	ests:			_		
Availability						
Are you prepared to co each year after gradua	omplete 35 hours of pre-service trainination? Yes No	ng, and 12 hours of in-service?				
Are you aware of any	conflicts you have with the training sch	nedule?		_		
Does your schedule pe	ermit you to attend meetings, court hea Yes No	arings or foster care reviews duri	ng the workday?			
Do you have reliable to	ransportation? Yes No Do yo	ou have current driver's liability in	surance? Yes N	lo		
Background Info	ormation					
What do you feel are t	he strengths and weaknesses that you	u bring to this program?				

	xperiences you have had which involved child abuse or neglect, the e Court system, foster care, or other agencies offering services to
Why have you chosen to work with the CASA p	rogram at this particular time in your life?
,	pal system that may have resulted in a police record?
lave you ever been arrested? Yes No If yes	s, explain:
are you or is someone close to you currently inv	volved in court proceedings or litigation of any kind? Yes No
f yes, explain:	
List the addresses of places you ha	ave lived for the past seven years:
l	Years:
2	Years:
3	Years:
<b>1.</b>	Years:
5	Years:
6	Years:
7	Years:

## **Three 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 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	olication is true. Lauthorize CASA of the Hi	ghland Rim	, hereby a	affirm that all of the information provided on this forcement agency they authorize, to investigate
my Ter Rec	background to determine my fitness as a processee Bureau of Investigation for a full bigistry, Criminal History, and Orders of Prot	potential vo ackground ection Regi narges pend	check to include istry. Furthermoding for a felony children	stand that my fingerprints will be submitted to the the FBI, Child Abuse Registry, Sexual Offender ore, I understand that my application will be or misdemeanor involving a sex offense, child

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 Executive 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 people 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 the Highland Rim, PO Box 3 Dickson, TN 37056	

or email it to renee.badon@casahighlandrim.org