

## CASA VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

May you be called at work? Yes \_\_\_\_\_ No \_\_\_\_\_

If accepted, can you provide proof that you are of legal age? \_\_\_\_\_

Do you have any commitments or responsibilities that might prevent you from  
spending the necessary time on a case? \_\_\_\_\_

Valid Wyoming driver's license number \_\_\_\_\_

Is a car available to you? \_\_\_\_\_

Can you show proof of car insurance? \_\_\_\_\_

### **YOUR EDUCATION** (Circle Highest Completed)

High School: 9 10 11 12    College: 1 2 3 4    Graduate: 1 2 3 4

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

Are you presently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of school and course of study: \_\_\_\_\_

List any professional, trade or service organizations in which you are a member:

\_\_\_\_\_

Languages spoken: \_\_\_\_\_

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

How did you learn about the CASA/GAL program? \_\_\_\_\_

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

\_\_\_\_\_ Medicine      \_\_\_\_\_ Education      \_\_\_\_\_ Mental Health

\_\_\_\_\_ Criminology      \_\_\_\_\_ Counseling      \_\_\_\_\_ Psychology

\_\_\_\_\_ Child Care      \_\_\_\_\_ Child Welfare      \_\_\_\_\_ Social Work

\_\_\_\_\_ Advertising      \_\_\_\_\_ News Media      \_\_\_\_\_ Public Relations

\_\_\_\_\_ Writing      \_\_\_\_\_ Public Speaking

\_\_\_\_\_ Child Development      \_\_\_\_\_ Art/Graphics

\_\_\_\_\_ Law Enforcement      \_\_\_\_\_ Drug/Alcohol Abuse prgms.

**WORK/VOLUNTEER HISTORY** (Use another sheet if necessary)

1. Name and Address of present or last employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

2. Name and Address of next previous employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

3. Name and Address of next previous employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

Have you ever been arrested for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what charge? \_\_\_\_\_

Date of arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Convicted: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in a juvenile court case, as an adult or child? \_\_\_\_\_

If yes, please explain and give date: \_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_ If yes, please explain and give date: \_\_\_\_\_

**PERSONAL REFERENCES**

Please complete the following information on four people who have known you for at least two years. These people should know you well and can address themselves to how you relate to children, as well as people in general, and how well you could fulfill the responsibilities of a CASA. Do not include relatives. The Child Advocacy Services office will contact the references you list.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**AFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Child Advocacy Services CASA Program to investigate my background to determine my fitness as a potential CASA volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that upon acceptance as a volunteer, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the court documents, reports and other material I will examine in my capacity as a volunteer guardian ad litem. I will discuss these matters with only those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

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

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

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

**Please return completed application to:  
Child Advocacy Services of the Big Horns  
CASA Program  
P.O. Box 6022  
Sheridan, WY 82801**