

CASA of Central Volunteer Application Form



First Name: _____ Middle: _____ Last Name: _____

List any names by which you have been known (nicknames, previous married names)

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ SS#: _____

Home Phone Number: _____ Cell Number: _____

Work Phone Number: _____ Email Address: _____

Emergency Number: _____ Emergency Contact: _____

Gender: Female ___ Male ___ Date of Birth: ___/___/___ Ethnicity: _____

Educational Background: (please circle and list school names, dates attended and major/degree if applicable)

G.ED. High School: _____

College Post Graduate School: _____

What is your primary language? (please circle one) English Spanish Signing French Other: _____

Do you speak another language? (please circle one) Spanish French Signing Other: _____

What is your employment status? (please circle one) Not employed Full-Time Part-Time Student Retired

Place of Employment: _____ Position: _____

Please give a description of your work _____

Work Address: _____ City: _____ State: _____ Zip: _____

What are your current community volunteer activities and interest? _____

Would you have 10-12 hours per month to devote to this volunteer job? Yes ___ No ___

Please list skills and any training you have completed that may assist you as a CASA volunteer:

Have you ever worked with children? Yes ___ No ___ Please Explain:



Do you drive? Yes _____ No _____ Do you have regular access to a car? Yes _____ No _____

Driver's License Number: _____ Car Insurance Company: _____

Do you have coverage? Yes _____ No _____ Expiration Date: _____

How did you hear about CASA? (Please elaborate if possible)

Friend/Family Member: _____ Recruiting event: where? _____

Brochure/Flyer: where? _____ Internet: _____

Radio: _____ Newspaper/Magazine: _____

Television: _____ Other: _____

Please list 3 references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity:

Name: _____ Phone Number: _____

*Address: _____ City/State/Zip: _____

Name: _____ Phone Number: _____

*Address: _____ City/State/Zip: _____

Name: _____ Phone Number: _____

*Address: _____ City/State/Zip: _____

Have you or any member of your immediate family been a party to any proceedings in the Juvenile & Domestic Relations District Courts (including custody or child support) in the 24th Judicial District (Amherst, Bedford, Campbell, Lynchburg, Nelson)? Yes _____ No _____

Name of Court: _____

Have you ever been the subject of a Child Protective Services (CPS) complaint? Yes _____ No _____

Please explain: _____

Do you consent to a routine check of your criminal records? Yes _____ No _____

Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program's credibility will not be accepted as a CASA volunteer.

What localities would you prefer to work? (please circle): Amherst Bedford Lynchburg Campbell Nelson

**** On a separate sheet of paper, please provide a biography and an explanation of why you would like to be a CASA Volunteer.****

I hereby certify that all statements on this application are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Thank you for your interest in CASA (Court Appointed Special Advocates) of Central Virginia!!

Please return completed application and biography to:

*CASA of Central Virginia PO Box 11373 Lynchburg, VA 24506
Fax: 434.528.2551 Office: 434.528.2552 Email: Staff@cvcasa.org*