

# CASA of Central Virginia Volunteer Application



**Important Application Instructions:** *Please fully complete the application below, indicating N/A for any sections that do not apply. Completed applications should include a one page biography (see instructions on page 3), references and the Flex Learning Assessment. Attendance at a Prospective Volunteer Information Session is also required. For additional information please visit [www.cvcasa.org](http://www.cvcasa.org)*

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 list school names, dates attended and major/degree if applicable)**

High School (or GED): \_\_\_\_\_

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

What is your primary language? (please circle one) English Spanish French ASL Other: \_\_\_\_\_

Do you speak another language? (please circle one) Spanish French ASL 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. Accurate and complete contact information is very important!**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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 24<sup>th</sup> 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 creditability will not be accepted as a CASA volunteer.

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

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**On a separate sheet of paper, please provide a one page 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 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: 434.485.7262  
Email: [volunteer@cvcasa.org](mailto:volunteer@cvcasa.org)*