



# CASA VOLUNTEER APPLICATION

The information on this form will help us assess your qualifications to serve as a Court Appointed Special Advocate. Please read the questions carefully and complete all sections of the application as thoroughly as possible.

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

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Maiden/Prior Name/AKA: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Ages & Gender: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you become aware of the CASA program? \_\_\_\_\_

Are you aware that you will be required to complete 30 hours pre-service training? \_\_\_\_\_

Are you willing to participate in ongoing training and court appearances? \_\_\_\_\_

Can you see yourself visiting with a family in their home, or with an institutionalized child? \_\_\_\_\_

What do you feel are the strengths that you will bring to this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES AND INTERESTS**

List community service organizations or clubs to which you belong:

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List hobbies and special interests:

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Previous and/or current volunteer activities:

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**EMPLOYMENT INFORMATION**

Current Employment Status: (*circle one*) Employed / Unemployed / Retired Homemaker

Name of current employer or previous employer if retired or unemployed.

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

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

May we call and/or email you at work? Yes / No

Title and brief description of your work? \_\_\_\_\_

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Describe any personal (medical or emotional) or employment constraints that may restrict your availability: \_\_\_\_\_

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How long have you been with your current employer? \_\_\_\_\_

If employed at current job less than six months, who was your former employer?

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Address of former employer: \_\_\_\_\_

How long were you there? \_\_\_\_\_

**EDUCATIONAL DATA**

High School: (circle last grade completed) 9 / 10 / 11 / 12

College: (circle one) *Some College / Graduate / Post Graduate*

Area of Study/Degree: \_\_\_\_\_

Are you presently attending school? *Yes / No*

If yes, where? \_\_\_\_\_

Do you have any special skills or licenses? *Yes / No*

If yes, please explain/describe: \_\_\_\_\_

\_\_\_\_\_

**FOR CASE MATCHING AND STATISTICAL PURPOSES ONLY**

Ethnic Background \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Can you sign for the deaf? \_\_\_\_\_

Are you willing to work with all ages of children? *Yes / No*

I prefer ages: 0-5 / 6-12 / 13-17

Please be aware that CHILDREN ARE FREQUENTLY MOVED. If you have a preference in the county area where you would be willing to accept a case assignment, you may be required to travel to other areas in the county to maintain contact with the child(ren) to which you are assigned.

Do you prefer a geographical area? *Yes / No*

If yes, please specify: \_\_\_\_\_

Would you be willing to travel to maintain contact? *Yes / No / Possibly*

How soon would you be able to accept a case if approved and accepted for this program?

\_\_\_\_\_

**BACKGROUND INFORMATION**

1. Have you ever been:

(a) Arrested for a crime against a child? (Please circle) *Yes / No*

(b) Arrested for a violent felony? *Yes / No*

(c) Arrested for a sex crime? *Yes / No*

2. Have you been convicted of any crime in the past five years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? *Yes / No*

3. Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicular misdemeanors and felonies)? *Yes / No*

4. Have you ever been arrested or convicted of a crime not mentioned above? *Yes / No*

5. Are you, or have you ever been, the (circle all that are appropriate): **sibling, household member, parent, significant other or spouse** of a child who has been:

- (a) The subject of a report to a Child Protective Agency? *Yes / No*
- (b) An adjudicated dependent of any juvenile court? *Yes / No*
- (c) Placed under informal supervision in any county's children's Social Service Agency? *Yes / No*

6. As a child, were you ever the subject of a child abuse or neglect report? *Yes / No*

7. Are you currently paid or reimbursed to provide a service to children and/or parents within the Child Welfare and/or Juvenile Court System? *Yes / No*

8. Have you had a personal experience involving (check all that apply):

Child Welfare  Foster Care  Juvenile Court  Other agencies offering service to a child?

If you answered yes to any of the above questions, please explain:

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Write a brief statement explaining why you have chosen to volunteer as a Court Appointed Special Advocate at this particular time in your life.

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Would you like to volunteer on a regular basis in the CASA office or help with special events?

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What skills do you possess that could be useful in the office?

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**REFERENCES**

Please list three personal references. One must be an employer or co-worker if employed. Teachers, ministers, volunteer supervisors or similar may be used in place of employer if unemployed. *Please do not list relatives.* We will be contacting all of your references.

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

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

City / State / Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

**PLEASE RETURN:**

**(1) APPLICATION**

**(2) CENTRAL REGISTRY CHECK FORM**

**(3) STATE POLICE BACKGROUND CHECK FORM**

**(4) "AUTHORITY TO RELEASE INFORMATION" FORM**

**TO: CASA 2nd JUDICIAL DISTRICT  
511 E. Union Suite 327  
Jonesboro, ARKANSAS 72401**

**Upon receipt of your application you will be contacted for a personal interview.**

*I certify that all of the information contained in this application is true and correct to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact will cause my immediate and unconditional dismissal from the Court Appointed Special Advocate program.*

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**Signature Date:**