



**CASA GLYNN, INC.
VOLUNTEER APPLICATION**

(PLEASE PRINT)

Name

Address

City State Zip

Home Phone Work Phone Cell Phone Email Address

Previous Address

Are you employed? 0 Yes 0 No If yes: 0 Full-time 0 Part-time

Place of Employment Position

May you be called at work? 0 Yes 0 No

Have you ever worked with or for Juvenile Court? 0 Yes 0 No

Do you have a valid Georgia Driver's License? 0 Yes 0 No

Driver's License # _____

Have you lived in another state in the past 5 years? 0 Yes 0 No

If yes, which state? _____

Date of Birth Marital Status

Spouse's Name Occupation Phone Number

Do you have children? 0 Yes 0 No If so, what are their ages? _____

In case of emergency please call: _____

Education: (circle highest year completed)

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major Degree



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

- | | | |
|--|--|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Education | <input type="checkbox"/> Criminology | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> News Media | <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Art or Graphic Design | <input type="checkbox"/> Fundraising |

List your community activities and memberships in clubs, religious and professional groups and other organizations:

Languages spoken: _____

Hobbies/Special Interests: _____

Have you sought treatment for or are you currently in treatment for a mental health issue? (A "yes" does not necessarily disqualify you from the volunteer program.) Yes No

Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Family and Children's Services, the Juvenile court system, foster care, or other agencies offering services to children. _____

Have you ever been arrested? Yes No If yes, please explain below. A conviction does not necessarily disqualify you from the volunteer program. However, CASA will automatically reject 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 what would pose risks to children or the CASA program's credibility. _____

Have you ever had a case with or investigation performed by the Department of Family and Children Services? Yes No If yes, please explain below:

Are you prepared to complete 35-40 hours of pre-service training; and, 12 hours per year of in-service training? Yes No

Does your schedule permit you to attend meetings, court hearings or foster care reviews during the work day? Yes No



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

REFERENCES: Please list four references of people who know you well, preferably for whom you have worked in either a paid or volunteer capacity. Letters will be sent, so *full addresses are necessary, including zip code*. One reference may be a relative.

Name	Relationship	_____
Address _____		
City	State	Zip _____
Telephone (H)	(W)	_____

Name	Relationship	_____
Address _____		
City	State	Zip _____
Telephone (H)	(W)	_____

Name	Relationship	_____
Address _____		
City	State	Zip _____
Telephone (H)	(W)	_____

Name	Relationship	_____
Address _____		
City	State	Zip _____
Telephone (H)	(W)	_____

Write a brief statement on why you have chosen to work with the CASA program at this particular time in your life. (Use additional paper and submit with application).



I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA Glynn Inc., and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I further 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 training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am suitable volunteer, I understand that I will be expected to serve a minimum of one (1) year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive Director of the Advocacy Coordinator with as much advance notice as possible. I am aware of the sensitive and confidential nature of 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 persons 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)

Signature

Date

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