

APPLICATION FOR CASA PROGRAM

(please print or type)

Name: _____

Address: _____

Telephone #: (h) _____ (w) _____

(cell) _____ E-mail: _____

May you be called at work? Yes No

How long have you lived in Monroe County? _____

If you have not lived in Monroe County for the past 5 years please list your previous addresses (please use the back if you need additional space):

1. Address: _____ County: _____

2. Address: _____ County: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Social Security #: _____

Race/Ethnicity (optional) _____

In Case of Emergency, contact: _____ Telephone #: _____

E-mail: _____

Children:

Name

Date of Birth

Sex

Other Members of Household:

Name

Relationship

Do you have a valid driver's license? Yes No Driver's License #: _____

Do you have an automobile available to you? Yes No

What is the current status of your health? _____

YOUR EDUCATION (circle highest completed)

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

Major: _____

Degree: _____ Name of School: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____

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: _____

List your other current community activities and membership in clubs, church, other organizations:

Languages Spoken: _____

Hobbies/Special Interests: _____

When would you be available for volunteer service? Check times:

	MON	TUE	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Approximately how much time can you contribute weekly as a CASA volunteer?

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

- Medicine
- Education
- Mental Health
- Criminology
- Counseling
- Law Enforcement
- Psychology
- Advertising or Public Relations
- Drug or Alcohol Abuse Programs
- News Media
- Child Development
- Writing
- Child Care
- Public Speaking
- Child Welfare
- Art or Graphics
- Social Work

If you answered yes, please describe: _____

Have you ever been arrested for a crime? Yes No

If yes, what charge? _____

Date of Arrest/Disp: _____ Where? _____

Can you think of any reason why a Judge or Magistrate might be reluctant to appoint you to the case?

Yes No

If yes, why? _____

How did you learn about the CASA Program? _____

Please attach a brief statement explaining why you want to work with the CASA Program.

4 PERSONAL REFERENCES (please fill out completely)

(If you are employed, one reference should be from your employer. Please do not list family members as a reference)

1. Name: _____ **E-Mail:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Relationship: _____

2. Name: _____ **E-Mail:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Relationship: _____

3. Name: _____ **E-Mail:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Relationship: _____

4. Name: _____ **E-Mail:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Relationship: _____

Monroe County CASA Inc. is an equal opportunity employer and operates in compliance with federal, state and local laws and regulations prohibiting discrimination in employment. Monroe County CASA Inc. prohibits preference, limitation, specification, or discrimination based upon race, color, sex, pregnancy, marital status, sexual orientation, gender identity, political ideology, age, creed, religion, ancestry, national origin or the presence of any sensory, mental or physical disability (not constituting a bona fide occupational qualification). Further, it is the intent of Monroe County CASA Inc. to ensure that the principle of equal opportunity is implemented in all personnel-related actions, including, but not limited to, recruitment, hiring, testing, training, promotion, compensation, and all other terms and conditions of employment in all job classifications.

AFFIRMATION AND RELEASE

Any applicant 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 to the credibility of Monroe County CASA, Inc. is not eligible to be a CASA volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Monroe County CASA, Inc. and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential 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 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 a suitable volunteer, I understand that I will be expected to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Monroe County CASA, Inc. director 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 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 Monroe County CASA, Inc. and their ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

The agency accepts the service of all volunteers with the understanding that such service is at the sole discretion of the agency. I agree that the agency may at any time, for whatever reason, decide to terminate my relationship with the agency.

_____ I authorize Monroe County CASA, Inc to release my name, phone, and email address to other CASA volunteers and to post it on the secure Monroe County CASA website
(please initial)

_____ I submit the statements on this application are true, complete and correct to the best
(please initial) of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Name (please print) _____

Signature _____

Date _____

Please return completed application to program office:
Monroe County CASA, Inc., One City Centre, Suite 110,
120 West Seventh St., Bloomington, IN 47404