

## Volunteer Application Form

### PERSONAL:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Number \_\_\_\_\_ Work number \_\_\_\_\_ cell number \_\_\_\_\_

Mailing Address if different from home address \_\_\_\_\_

List any volunteer experience(s) and how long \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a case with, or investigation performed by the Division of Family and Children Services? Yes \_\_\_ No \_\_\_  
If yes, please provide the letter of determination (you can request this from the DFCS office) and please explain as brief as possible.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested and/or charged with any violation of the law other than minor traffic violations? (A conviction does not necessarily disqualify you from the volunteer program) Yes \_\_\_ No \_\_\_ If Yes, Please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you ever sought treatment or are you currently in treatment for a mental health problem Yes \_\_\_ No \_\_\_

Do you have a car? Yes \_\_\_ No \_\_\_ Do you have a valid driver license? Yes \_\_\_ No \_\_\_

In case of emergency contact: Name \_\_\_\_\_ relationship \_\_\_\_\_  
telephone number \_\_\_\_\_

Children Names and Ages \_\_\_\_\_

How did you hear about the CASA program? \_\_\_\_\_

Why do you want to volunteer for CASA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Current Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_ Work number \_\_\_\_\_

Have you ever worked for the Juvenile Court? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the Department of Family and Children Services? (Include service as a foster parent)

Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION (or other training):

School / Program	Degree	Dates Attended
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_____	_____	_____
_____	_____	_____

**Reference:** Two Personal References (only one from family member) Two Professional References (salaried and/or non-salaried)

Name	Address	City
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State	Zip	Telephone #	Email	Relationship
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Name	Address	City
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State	Zip	Telephone #	Email	Relationship
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Additional Reference Form are required and must be provided to the individuals you listed above. Please have your reference complete for the forms and return to our P.O. Box or fax to our agency. The information is provided on the forms.

Please number in order your areas of interest in the CASA Program

\_\_\_\_\_ CASA Volunteer \_\_\_\_\_ Fundraising \_\_\_\_\_ Public Relations \_\_\_\_\_ Newsletter \_\_\_\_\_ Clerical Work

**I have carefully considered the roles and responsibilities of a CASA Volunteer. I verify that all the information contained in this application is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER REFERENCE FORM

The applicant, \_\_\_\_\_ has applied to become a volunteer Court Appointed Special Advocate (CASA) and you were named as a reference. Please complete this form and return it to our office within two weeks so the applicant will be eligible for training. The information you provide will be treated as confidential. Thank you for your assistance.

A Court Appointed Special Advocate (CASA) is a trained and supervised volunteer who is appointed by a judge to protect the best interests of abused and neglected children. The CASA interviews all parties involved to assess each case, formulates recommendations, identifies resources, prepares written reports and appears at all Court hearings. Please rate the prospective CASA in the following areas.

1. Length of time you have known the applicant. \_\_\_\_\_
2. In what capacity do you know the applicant? \_\_\_\_\_
3. Describe applicant's relationship to people, in general. Check as many as are applicable.  
Friendly \_\_\_\_ Unfriendly \_\_\_\_ Shy \_\_\_\_ Sincere \_\_\_\_ Outgoing \_\_\_\_ Other \_\_\_\_  
Withdrawn \_\_\_\_ Aloof \_\_\_\_ Quiet \_\_\_\_ Passive \_\_\_\_ Interactive \_\_\_\_
4. How would you rate the applicant's ability to cooperate?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
5. How would you rate the applicant's trustworthiness?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
6. How would you rate the applicant's dependability?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
7. How would you perceive the applicant's judgment in interpersonal relations/situations?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
8. How would you rate the applicant's verbal and written communication skills?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
9. How would you rate the applicant's self-confidence?  
Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_
10. Check all of the following that describe the applicant:  
Domineering \_\_\_\_ Leader \_\_\_\_ Loner \_\_\_\_ Aggressive \_\_\_\_ Temperamental \_\_\_\_  
Follower \_\_\_\_ Opinionated \_\_\_\_ Lacks confidence \_\_\_\_ Well adjusted \_\_\_\_  
Reserved \_\_\_\_ Cooperative \_\_\_\_ Arrogant \_\_\_\_ Considerate \_\_\_\_ Confident \_\_\_\_

P.O. Box 817 • Hinesville, GA 31310  
(912) 876-3816 • Fax (912) 876-3726  
[www.atlanticcasa.org](http://www.atlanticcasa.org)

*"Lift up a child's voice. A child's life."*

Stubborn \_\_\_\_\_ Happy \_\_\_\_\_ Nervous \_\_\_\_\_ Assertive \_\_\_\_\_ Conceited \_\_\_\_\_

11. Please describe a stressful situation that illustrates how the applicant approached and resolved the situation.

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12. Do you feel the applicant is in a position to make a commitment of at least one (1) year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

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13. To your knowledge has the applicant ever abused the use of drugs or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

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14. Based on your understanding of the program, could you recommend applicant as a CASA? Yes \_\_\_\_\_ No \_\_\_\_\_

Why? \_\_\_\_\_

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15. Please provide any additional information that would help us evaluate this application.



## ATLANTIC AREA CASA, INC.

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Your Name

Signature

Date

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Or Fax (912) 876-3726.

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Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature

Date

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## **ATLANTIC AREA CASA, INC.**

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9. *Have you or anyone in your family been abused? (Domestic violence, sexual/physical abuse etc.) If so, how did you handle that experience?*

10. *Why do you want to volunteer in the field of child abuse and neglect?*

11. *What do you hope to gain from being a volunteer with Atlantic Area C.A.S.A?*

12. *What questions or concerns do you have about being a volunteer?*

## **ATLANTIC AREA CASA, INC.**

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*13. Do you presently have or have you ever had a case with Child Protective Services in Georgia or any location in the United States?*

*14. Have you ever applied to any C.A.S.A program in the state or nation? If so, how long ago? What location and were you accepted into the program?*

*15. Have you ever been appointed to a case?*