



# CASA Glynn, Inc.

## VOLUNTEER APPLICATION FORM

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employer's Address \_\_\_\_\_

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

In Case of Emergency, Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Do you have a valid Georgia driver's license? Yes No

Do you own or have access to a car? Yes No

Have you lived in another state in the past 5 years? Yes No If yes, which state? \_\_\_\_\_

Have you ever been convicted of any violation of law, other than minor traffic violations? (A conviction does not necessarily disqualify you from the volunteer program.) Yes No

Have you ever been convicted of, or have 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 credibility? Yes No

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

Do you speak a foreign language? Yes No If so, which? \_\_\_\_\_

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:

This is not an application for employment.

P.O. Box 145 Brunswick, GA 31521 Phone: (912) 264-4448 Fax: (912)264-4451  
Website: www.casaglynn.org E-mail: casaglynn@bellsouth.net

Volunteer Experience and/or Community Activities (type of work and length of service):

List any other experience, education or training related to children and families:

How did you learn of our program?

What are your reasons for wanting to participate as a CASA volunteer?

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) \_\_\_\_\_

**PERSONAL INFORMATION:**

Marital Status \_\_\_\_\_ Number of Children/Grandchildren & Ages \_\_\_\_\_

**EDUCATION AND/OR OTHER TRAINING:**

<u>Name of School/Program</u>	<u>Degree</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY AFFIRM THAT ALL OF THE ANSWERS PROVIDED ABOVE ARE TRUE. I UNDERSTAND THAT INQUIRIES WILL BE MADE TO MY SUITABILITY AS A VOLUNTEER CASA AND THAT APPLICATION DOES NOT ASSURE ACCEPTANCE IN THE PROGRAM. I WILL BE RESPONSIBLE FOR ASSURING THAT MY REFERENCES RETURN THE REFERENCE REQUEST FORM TO THE CASA PROGRAM. I HAVE CAREFULLY CONSIDERED THE JOB DESCRIPTION AND TRAINING SCHEDULE AND, IF ACCEPTED, WILL OFFER MY SERVICES AS A COURT APPOINTED SPECIAL ADVOCATE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE