

VOLUNTEER/COMMUNITY ACTIVITIES:

CURRENT:

PREVIOUS:

OTHER LANGUAGES:

_____ FLUENT? _____ BASIC CONVERSATION? _____ CAN READ BASIC TEXT? _____

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HOBBIES/SPECIAL INTERESTS:

VOLUNTEER REQUIREMENTS:

I WOULD BE AVAILABLE AND WILLING TO COMPLETE 30 HOURS OF PRE-SERVICE TRAINING	YES	NO
I AM WILLING TO CONTINUE WITH 12 HOURS IN-SERVICE TRAINING PER YEAR	YES	NO
MY SCHEDULE WOULD PERMIT TO ATTEND OCCASIONAL DAYTIME COURT HEARINGS, MEETINGS AND/OR FOSTER CARE REVIEWS	YES	NO
I HAVE A CURRENT DRIVER'S LICENSE	YES	NO
I HAVE THE STATE-REQUIRED AUTO INSURANCE COVERAGE	YES	NO
I HAVE READY ACCESS TO A CAR	YES	NO

BACKGROUND INFORMATION:

What do you believe your strengths are that would contribute to your being an effective volunteer CASA?

Do you have any concerns that you feel might affect your ability to be an effective CASA?

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

Have you had any involvement with the police or legal system that may have resulted in a police record? _____

If yes, please explain: _____

Have you ever been arrested? _____ If yes, please explain below:

Are you, or is someone close to you currently involved in court proceedings or litigation? YES NO

Have you, someone close to you previously been involved in court proceedings or litigation? YES NO

If the answer to either of the above questions is ‘YES’, PLEASE EXPLAIN BELOW:.

REFERENCES:

The sensitive nature of our work requires that we have THREE REFERENCES for each volunteer candidate. The application is complete only when the reference section is complete. *References must be from someone other than a relative.* Recommended are teachers, pastor, work associates, etc., who know you well. Each reference will be asked to complete a reference letter which they may then return to us by mail or fax. **The required background check cannot be undertaken until all references have been received.**

1 ST REFERENCE	Phone/Relationship
Name _____ Address _____ City, State, Zip _____	_____ _____

(Space for two additional references is on the back of this form.)

REFERENCES: (continued)

2 ND REFERENCE	Phone/ Relationship
Name _____	_____
Address _____	_____
City, State, Zip _____	
3 rd REFERENCE	Phone/ Relationship
Name _____	_____
Address _____	_____
City, State, Zip _____	

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize 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 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 a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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 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.

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

Print Name _____ Date _____

Signature _____

Please mail or fax this application to the office listed below:

UCHRA CASA of Putnam County
 580 S. Jefferson Avenue, Suite A
 Cookeville TN 38501
 931-520-9540, Fax 931-520-0651

UCHRA CASA of Cumberland County
 73 Methodist Campground Loop
 Crossville, TN 38555
 931-456-0691, Fax 931-456-6641

UCHRA CASA of Overton County
 106 W. Henson St
 Livingston, TN 38570
 931-823-7479, Fax 931-823-7325

This Project is funded under an agreement with the Tennessee Commission on Children and Youth (TCCY)

In accordance with Federal Laws, UCHRA CASA does not discriminate on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.