



CASA Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Marital Status, Spouses Social Security Driver's License
Name: _____ No.: _____ #: _____

Date of Birth: -----

Number of children and ages: _____

Are you a citizen of the United States? YES NO Do you have regular access to a car? YES NO

Do you have a High School Diploma or GED? YES NO 2nd Language? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional (nonrelative) references

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Current and Previous Employment

Company: _____ Phone: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

List all experience working and volunteering with children:

Current community activities:

List all current and previous volunteer work including brief description of duties and activities, dates of service, etc:

As a CASA Volunteer, you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings?

YES NO

Are you willing to commit to 24 months of service? YES NO

How did you learn about our program?

Have you had any personal experience(s)/ training involving:
Child Welfare System _____
Court System _____
Foster Care _____
Other agencies offering services to a child _____

Mental health/ Substance abuse_____

If so, please

explain:_____

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

Have you ever been charged with a crime other than a traffic violation? YES NO

If Yes, please provide the following information.

Charges, Dates Charged, City and State, and Indicate Resolution of case (convicted, dismissed, pending, etc):

Will you consent to a routine check of your criminal records? YES NO

Do you know of any reason(s) a judge might be reluctant for you to serve as a CASA Volunteer? YES NO

If Yes, please explain below:

Please write a one-page autobiography in the area provided below.

Emergency Contact #1: Name _____

Phone number: _____

Emergency Contact #2: Name _____

Phone Number: _____

Please list all states in which you have resided for the past seven years: _____

Affirmation of Suitability and Authorization to Release Information

I hereby affirm that all my answers provided on my volunteer application are true. I hereby authorize CASA of Maury County, Inc to investigate my background to determine my fitness as a potential volunteer. To facilitate that background search process, I have completed the TAPS Applicant Scheduling Data Collection Form on the following page which is included as a required part of the application. I understand that the information requested in this application will be used exclusively for determining suitability as a CASA volunteer and shall be held in confidence.

If unforeseen circumstances prevent me from fulfilling my obligation to the CASA program, I will submit my written resignation to the program with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials I will examine in my capacity as a CASA volunteer. I will discuss the matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I hereby authorize CASA of Maury County, Inc., to obtain information concerning my suitability to become a volunteer for this agency from the Department of Children’s services, the Sexual Abuse registry, the Department of Corrections, the District Attorney’s office, Juvenile, Civil, and Criminal court, the Methamphetamine Abuse Registry, the Department of Motor Vehicles and or police/sheriff records, and a verification of valid social security number. This release is executed by me with the full knowledge and understanding that the information obtained about me is for the official use of the CASA program. I also understand that my refusal to sign this waiver and release statement makes me automatically ineligible to serve as a CASA volunteer.

I hereby certify that I have had no arrests or convictions resulting from a criminal offense (excluding traffic violations) nor is there any criminal action or investigation pending other than herein noted and explained. I further certify that I have had no convictions or charges pertaining to child abuse or child neglect.

I understand that, in accordance with National CASA and Tennessee CASA Standards, CASA of Maury County, Inc., must reject any volunteer applicant whose criminal records check shows a conviction for or pending charges for sexual offenses, child abuse or neglect, or related acts that pose a risk to children or to the credibility of CASA of Maury County, Inc., as a community service agency.

I have read and fully understand that above waiver and release statement.

Signature: _____ Date: _____

Printed Name: _____ Social Security Number: _____

Tennessee Driver’s License number: _____

Please return your completed application to casaofmauryco@bellsouth.net

Or

Mail to: CASA of Maury County, Inc
22 Public Square, Suite 2
Columbia, TN 38401

Phone: 931-381-4733 Fax: 931-381-3111



TAPS Applicant Scheduling Data Collection Form

Last Name	
First Name	
Middle Name	
Date of Birth	
Sex	
Social Security #	
Race	
Country of Citizenship	
Place of Birth	
Eye Color	
Hair Color	
Height	
Weight	
Phone	
Street Address	
City	
State	
Zip code	
Driver License Number	
Driver License State	