



**ADVOCATE APPLICATION for CASA of LINCOLN COUNTY**  
(Please Print)

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

May we call you at work? \_\_\_\_ Yes \_\_\_\_ No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_ Race (optional): \_\_\_\_\_

If married, please give spouse's name and occupation:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children:

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>
_____		
_____		
_____		
_____		

Other Household Members:

<u>Name</u>	<u>Relationship</u>
_____	
_____	

Do you drive? \_\_\_\_ Yes \_\_\_\_ No

Have access to a vehicle? \_\_\_\_ Yes \_\_\_\_ No

Please describe the current status of your health: \_\_\_\_\_  
\_\_\_\_\_

Describe any special accommodations needed: \_\_\_\_\_  
\_\_\_\_\_

Education (circle highest completed): High School: 9 10 11 12      College: 1 2 3 4  
Graduate: 1 2 3 4

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

If presently enrolled, give name of school and course of study: \_\_\_\_\_  
\_\_\_\_\_

Work/Volunteer History (use another sheet if necessary):

1. Name and address of present/last employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

2. Name and address of next previous employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

3. Name and address of next previous employer or volunteer project:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

List your other current community activities and memberships (i.e., church, clubs, and organizations):

\_\_\_\_\_

\_\_\_\_\_

Languages spoken: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

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

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Approximately how much time can you contribute weekly as a CASA volunteer: \_\_\_\_\_  
\_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medicine                    | <input type="checkbox"/> Education                    |
| <input type="checkbox"/> Mental Health               | <input type="checkbox"/> Criminology                  |
| <input type="checkbox"/> Counseling                  | <input type="checkbox"/> Law Enforcement              |
| <input type="checkbox"/> Psychology                  | <input type="checkbox"/> Advertising/Public Relations |
| <input type="checkbox"/> Drug/Alcohol Abuse Programs | <input type="checkbox"/> News Media                   |
| <input type="checkbox"/> Child Development           | <input type="checkbox"/> Writing                      |
| <input type="checkbox"/> Child Care                  | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Child Welfare               | <input type="checkbox"/> Art or Graphics              |
| <input type="checkbox"/> 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/Disposition: \_\_\_\_\_

Where? \_\_\_\_\_

How did you learn about the CASA of Lincoln County program? \_\_\_\_\_  
\_\_\_\_\_

Please describe briefly why you want to work with the CASA program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal References (if employed, one reference should be from your employer/supervisor)  
Please provide complete mailing address, including zip code:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA of Lincoln County Program to investigate my background to determine my fitness as a potential volunteer. Misstatements of truth will be considered grounds for dismissal of my application or of my service to the CASA program. I understand that I may be rejected as an Advocate if I am non-compliant with the criminal background check of the application.

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 after the successful completion of my training, 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 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.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed application to program office. Rev. 3/12*