



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:

- 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