



**CASA FOR KIDS, INC.**

Offices:

310 Shelby Street • Kingsport TN • 37660 • P 423.247.1161 • Fax 423.247.1156  
 516 Holston Avenue, Suite 207 • Bristol TN • 37620 • P 423.652.1171 • Fax 423.652.1156  
 US Bank Bldg., 107 E. Main Street, Suite 240 • Rogersville TN • 37857 • P 423.293.0328 • Fax 423.293.0428

**VOLUNTEER APPLICATION**

Full Name \_\_\_\_\_ (Maiden) \_\_\_\_\_ Sex \_\_\_\_\_

Full Home Address \_\_\_\_\_

Previous Home Address (if less than 7 yrs. at present address please list the full address including the COUNTY you resided in) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Times Easily Reached by Phone: \_\_\_\_\_ Years In Area \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Job Title/Duties \_\_\_\_\_ Business Phone \_\_\_\_\_

May you be called at work?  Yes  No If Yes, Times Easily Reached \_\_\_\_\_

Educational Level Completed  High School  College - AS BS Masters/Ph.D

Special Skills, Training, Hobbies \_\_\_\_\_

Professional/Civic/Social Affiliations \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

How did you become aware of CASA? \_\_\_\_\_

What do you feel are the strengths and weaknesses that you would bring to this program?

\_\_\_\_\_  
\_\_\_\_\_

Have you had any prior involvement with CASA?  Yes  No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you had personal experiences involving:

Child Abuse or Neglect? \_\_\_\_\_

Department of Human Services? \_\_\_\_\_

Juvenile Court System? \_\_\_\_\_

Foster Care? \_\_\_\_\_

Adoption? \_\_\_\_\_

Other agencies offering service to a child? \_\_\_\_\_  
\_\_\_\_\_

Describe your experiences working with children: \_\_\_\_\_  
\_\_\_\_\_

Write a brief statement on why you have chosen to work with CASA at this particular time in your life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASA for Kids, Inc. serves children in Bristol, Kingsport, and Hawkins County court jurisdictions.

Which is your preference?  Bristol  Kingsport  Hawkins County

Would you be interested in a Saturday class?  Yes  No

Have you done independent study or participated in on-line training supplemented by traditional classroom training?  Yes  No

Would you be interested in either of these learning methods if applicable and available, pending you were approved for acceptance into training?  Yes  No

Traditional classroom training is generally two days or evenings per week. Please indicate days/evenings you would be available for classroom training, which includes 36 to 40 hours. These shared hours will help CASA to meet the trainee's schedule.

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

What days and hours are you available to volunteer for CASA following training and being sworn-in as a Court Appointed Special Advocate.

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Please list three personal references, include full address (references must not be relatives):

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (incl area code): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Length of time you have known this person \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (incl area code): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Length of time you have known this person \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (incl area code): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Length of time you have known this person \_\_\_\_\_

If you have been investigated by the TN Department of Children’s Services or any similar in or out of state governmental agency for allegations of child maltreatment (abuse/neglect; truancy or unruly) you must state where (what state/county); when (month and year); and results of the investigation. Additionally, if you have any criminal history, please explain the charges and disposition (Court Orders) of those charges below or attach separate sheet. Any applicant who has been convicted of a felony, or has pending charges for a sexual offense, child abuse or neglect, or related acts that would pose risks to the children served by CASA for Kids’ Inc., will be rejected as a CASA Volunteer Candidate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification of Suitability**

I, the undersigned, hereby certify that I have no convictions resulting from a criminal offense (excluding minor traffic violations) especially alcohol or drug related charges at any time in the past three years nor is there any criminal action or investigation pending. I further certify that I, at any time, have had no convictions or charges pertaining to child abuse or child neglect nor have I ever been investigated by any social service agency regarding allegations of child abuse or child neglect.

**Authority to Obtain Information**

I hereby affirm that all of the answers provided on my volunteer application are true and authorize CASA for Kids, Inc. to obtain information concerning my suitability to become a volunteer for this agency from the Dept. of Human Services; the Child Abuse Registry; the Department of Correction; the District Attorney's Office, Juvenile, Civil, and Criminal court records; the Department of Motor Vehicles; and/or police/sheriff records.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### CONFIDENTIALITY/EXPECTATIONS/CERTIFICATIONS

*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 coordinator 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 CASA for Kids, Inc. and their desire to provide quality services to abused and neglected children, my services as a CASA Candidate or CASA Volunteer will be terminated.*

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

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Print Name

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Signature

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Date