



Miami County CASA Program Volunteer Application

(Please Print)

Name: _____

Address: _____

Telephone #: (h) _____ (w) _____

(fax) _____ (other) _____

e-mail: _____

May you be called at work? Yes ___ No ___

How long have you lived in _____ County? _____

Date of Birth: _____ Place of Birth: _____

Gender: Female Male Social Security #: _____

Ethnicity: African-American Asian-American Caucasian Latino

Native-American Other Unknown

Primary Language: English Spanish Signing

French Other _____

Do you speak another/secondary Language? French Spanish Signing

Other _____

Marital Status: _____

If presently married, give husband's/wife's name and occupation:

Name: _____

Occupation: _____

Children:

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Members of Household:

Name	Relationship
_____	_____
_____	_____
_____	_____

Do you drive? Yes ___ No ___

Do you have an automobile available to you? Yes ___ No ___

Driver's License Number: _____

Car Insurance Company: _____

What is the current status of your health? _____

Emergency Contact: _____ Phone: _____

YOUR EDUCATION (circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Are you presently enrolled in school? Yes ___ No ___

If yes, name of school and course of study: _____

Approximately how much time can you contribute weekly as a CASA/GAL volunteer?

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

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

Can you think of any reason why a Judge might be reluctant to appoint you to a case?

Yes ___ No ___

If yes, why? _____

**Please attach a brief statement explaining why you want to work with the
CASA/GAL Program*

How did you learn about the CASA/GAL program?

PERSONAL REFERENCES (If you are employed, one reference should be from your employer).

1. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on this volunteer application for the Miami County CASA Program are true to the best of my knowledge. I hereby authorize the Miami County CASA Program 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 suitability as a Court Appointed Special Advocate (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, or for as long as the jurisdiction. 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 Court Appointed Special Advocate volunteer. I will discuss these matters and contents of the materials with only those persons who are parties to the case, their legal representatives, or those who will be consulted for their professional knowledge and expertise.

Name (please print)

Signature

Date

Please return completed application to program office.