

# Speak up for

**a child.**

Athens-Oconee CASA Program, Inc.

693 North Pope Street Athens, GA 30601

706-613-1922 X4

or info@athensoconeecasa.org

**ATHENS-OCONEE CASA VOLUNTEER APPLICATION**

Please complete every question using N/A when necessary.

**Name**:

## Home Address:

**City**:

**State**:

**Zip**:

**Telephone**: Home: **Preferred Contact Phone?**

Work:

Other

Mobile:

**Email**:

## Social Security Number: Birthday:

**Gender**:

**Ethnicity**:

**Marital Status**:

## What is Your Primary Language:

**Are You Fluent in Any Other Language?** YES NO

**If Yes, Which One(s)?**

**EMPLOYMENT HISTORY**

**Current Employer**:

Address: Phone:

Occupation: Length of Employment:

## Previous Employer:

Address: Phone:

Occupation: Length of Employment:

## Previous Employer:

Address: Phone:

Occupation: Length of Employment:

## Emergency Contact Person: Phone:

**Relation?**

Other

## Permission for CASA Discuss Your Information with Emergency Contact? Yes \_\_\_\_ No

**Have you ever worked for a Juvenile Court?**

**Have you ever worked for The Department of Family and**

**YES\_**

**\_ NO**

**\_\_\_\_**

## Children Services OR Served as a Foster Parent?

**\_\_\_\_**

**VOLUNTEER EXPERIENCE**

**YES** \_

**NO**

**Organization**: Phone:

\_\_\_

**\_\_\_\_**

Address:

Job Duties:

Dates of Service: TO Contact Person:

**Organization**: Phone:

Address:

Job Duties:

Dates of Service: TO Contact Person:

**Organization**: Phone:

Address:

Job Duties:

Dates of Service: TO Contact Person:

## List any other experience, education, or training you have related to children and families.

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**FORMAL EDUCATION** (highest year of school completed)

Some High School GED High School Some college

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

College Degree Post graduate

\_\_\_

\_\_\_

Other

NAME OF SCHOOL, LOCATION, DEGREE OBTAINED

1.

2.

3.

HAVE YOU EVER BEEN CHARGED WITH/ OR CONVICTED OF WITH A SEX RELATED

CRIME?

select

If yes, What Year?

Additional Information?

HAVE YOU EVER BEEN CHARGED WITH/OR CONVICTED OF WITH CHILD ABUSE?

select

If yes, What Year?

Additional Information:

HAVE YOU EVER BEEN CHARGED WITH/OR CONVICTED OF ANY LAW VIOLATION OTHER THAN A MINOR TRAFFIC VIOLATION?

select

If yes, What Year?

Additional Information?

HAVE YOU SOUGHT TREATMENT FOR OR ARE YOU CURRENTLY IN TREATMENT FOR A MENTAL HEALTH PROBLEM?

select

Additional Information:

How did you hear about the CASA Program?

## WHY DO YOU WANT TO VOLUNTEER FOR CASA?

**On a Separate Sheet of Paper, Please Write a Short Autobiography**

Please do more than list your milestones. Please cover a brief overview of your neighborhood and family life, your early role models and your adult accomplishments. Include, where possible, some analysis of your life’s direction and some discussion of goals met and future goals.

## REFERENCES

**List Four Personal References (Non-Related) with Mailing and Email Addresses**

**(All references will be emailed a form to complete on each CASA applicant.)**

NAME: RELATIONSHIP: ADDRESS: CITY: STATE: ZIP:

PHONE: EMAIL

NAME: RELATIONSHIP:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EMAIL

NAME: RELATIONSHIP:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EMAIL

NAME: RELATIONSHIP:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EMAIL

ATHENS-OCONEE CASA DOES NOT DISCRIMINATE ON THE BASIS OF ETHNIC ORIGIN, RELIGION, MARITAL STATUS, SEXUAL ORIENTATION, AGE, OR DISABILITY IN SELECTING VOLUNTEERS TO BECOME COURT APPOINTED SPECIAL ADVOCATES.

I UNDERSTAND THAT INQUIRIES WILL BE MADE AS TO MY SUITABILITY AS A CASA VOLUNTEER AND THAT THE APPLICATION DOES NOT ASSURE ACCEPTANCE IN THE PROGRAM. I WILL BE RESPONSIBLE FOR ASSURING THAT MY REFERENCES RETURN THE FORM TO ATHENS-OCONEE CASA PROMPTLY. I HAVE CAREFULLY CONSIDERED THE JOB DESCRIPTION AND TRAINING SCHEDULE AND, IF ACCEPTED, WILL OFFER MY SERVICES AS A CASA VOLUNTEER.

signature date

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