



## Volunteer Application

**Directions:** 1) Please type or print legibly. 2) Complete application in its entirety. 3) Must be 21 years of age to apply to be a CASA Volunteer.

### Section I

#### **Purpose and Use of Application Information**

Thank you for your interest in working as a volunteer with CASA of Gratiot County. Our volunteers work closely with children involved in abuse and/or neglect cases, biological family members, foster parents, court employees, paid staff of the CASA program and other parties involved in a court case.

In every role, volunteers function under the same expectations as paid staff in terms of work attendance, dependability, adherence to established work procedures and compliance with professional standards of conduct. In turn, volunteers are assigned meaningful work. Becoming as a CASA volunteer is a very rewarding experience.

The questions in this application are asked for the purpose of preliminary assessment of your qualifications as a CASA volunteer. This volunteer application contains much of the material included in paid staff applications, but with some differences. The information requested in Section II will provide a basis for your evaluation of qualifications as a volunteer. The information in Section III is essential to determine final approval of your application in regard to any previous law violations or treatment history.

While information requested in Section III is not an automatic barrier to final acceptance, it will be assessed and discussed with you regarding its relevance to your work as a CASA volunteer and may be reason for rejection if it is found to pose a risk to children. The information is requested to expedite the application process. If you have any questions about completing Section II before learning if you will be accepted as a CASA volunteer, please contact the coordinator of the CASA program.

This application is the first step towards learning more about the CASA program. After the application is reviewed, we will schedule an interview (1 ½ hours) and answer any questions at that time. The screening process continues throughout the 30 hours of training, and concludes with a post-training interview. At that time either party, the volunteer or the CASA staff, may request to have the application withdrawn.

Thank you for your interest in CASA.

## Section II

### Personal Information

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

Best Time to Call: \_\_\_\_\_  
Ok to Call at Work:  Yes  No

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

### Emergency Contact

In the event of an emergency during my volunteer work hours, notify:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

### Educational Background

Indicate your formal education (high school, college, post graduate, business, technical, etc.)

School	Location	Major Courses	Degree	Date Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Employment Experience

Begin with most recent employer. Use additional paper if necessary.

Employer	Phone	Position	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you worked or lived in a state other than Michigan in the past 5 years?  Yes  No  
Which state? \_\_\_\_\_

**Volunteer Experience**

Begin with most recent agency. Use additional paper if necessary.

Agency or Employer	Position	Date(s) Volunteered

How did you learn about the CASA program?

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

Why do you want to volunteer?

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

Please list any strong interests, knowledge areas, hobbies, or special skills which you could offer as a volunteer:

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

What experience or knowledge of children and families do you have to assist you in determining what may be in a child’s best interests (i.e. parenting experience, child care experience, related education or work)?

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

Have you any experience with social service agencies as a staff person, foster parent, volunteer, or client? If yes, please explain.

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

Have you had any experience dealing with the juvenile or family courts systems? If yes, please explain.

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

Have you had any involvement with human services issues such as abuse, neglect, chemical dependency, developmental disabilities, mental health issues, traumatic physical illnesses? If yes, please explain.

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

In your opinion, what could the system do that it is not doing now to protect children?

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Some volunteer duties may require the use of a car:

Do you have a car available to you for this work?  Yes  No

Do you have liability coverage for the use of this car?  Yes  No

If you are volunteering as part of a group, please indicate:

Name of Group: \_\_\_\_\_

Volunteer Coordinator of Group: \_\_\_\_\_

**Time Availability**

How many total hours per week are you available? \_\_\_\_\_

Please indicate by checking morning, afternoon, and evening availability:

Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>	Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>	Saturday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>	Sunday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	EVE <input type="checkbox"/>				

Please list any additional information you feel would be helpful in assessing your application:

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**Acknowledgment and Permission to Conduct Record Check**

I declare that all of the proceeding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration or result in a separation at a later time. I understand that Court Appointed Special Advocates is an at-will position.

I hereby give my permission for the CASA of Gratiot County to conduct a national criminal record check, Department of Human Services central registry clearance and Department of Transportation check to obtain information for the purpose of assessing my qualifications for Court Appointed Special Advocate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Nondiscrimination Policy**

*In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II, the Age Discrimination Act of 1975, and the Americans with Disability Act of 1990, it is the policy of CASA of Gratiot County that no person shall on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied benefits of, or be subjected to discrimination during any program or activity in employment.*

**Section III**

**Criminal Record History**

The information requested in this section is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information, a final decision on your application cannot be made. Applicants convicted of or having charges pending for a felony or misdemeanor involving a sex offense or child abuse will not be considered for application.

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Female  Male  Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

List any other name by which you ever have been known or are now known as:

\_\_\_\_\_

Have you been convicted of a law violation other than a minor traffic offense? Yes  No

If yes, what was the offense(s)? \_\_\_\_\_

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

End of probation, parole, or court jurisdiction: \_\_\_\_\_

Do you have any friends or relatives confined at the:

a) County Jail Yes  No

b) County Juvenile Detention Center Yes  No

c) State Prison Yes  No

If yes, please list name(s) and relationship:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Treatment History

Volunteer applicants who have received treatment services (residential or outpatient treatment, correctional programs) cannot be immediately accepted as a CASA volunteer. In these instances, it is necessary for the applicant to have made a satisfactory community adjustment for at least one year before acceptance as a CASA volunteer.

Have you ever experienced / received treatment for drug, alcohol, or mental health problems?

Yes  No  (You may discuss details in a confidential interview.)

### References

Please list three (3) personal references, **other than relatives**, that can attest to your character skills and dependability. One reference should be a co-worker, if employed. (Other examples: minister, teacher, therapist, etc.) References will be contacted.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

*CASA of Gratiot County is a program of Child Advocacy*

Please contact Michelle Zombeck at (989) 463-1422 or [michelle@linkforfamilies.org](mailto:michelle@linkforfamilies.org)



**NOTE:** Please attach any additional information you want to submit and return it along with this application (**within 15 days**) to:

CASA of Gratiot County  
525 N State St. Suite 4  
Alma, MI 48858