

Date: _____

**Central Georgia CASA
Volunteer Application Form**

Name: _____
(Last) (First) (Middle)

Home address: _____
(Street)

(City) (State) (Zip code) (County)

Mailing address: (If different from above): _____

Home telephone # _____ Mobile telephone # _____

Driver's License # _____ Driver's License State _____

Place of Birth _____ Country of Citizenship _____

Birthdate _____ Hair Color _____

Eye Color _____ Height _____ Weight _____

Emergency Contact Information: _____

Emergency Telephone #: _____

Email Address : _____

Sex _____ Ethnic Origin _____

Current Employer: _____

Address: _____

Telephone # _____ Length of Employment _____

Position/Occupation: _____

Work Email Address: _____

Have you ever worked for the Juvenile Court? Yes _____ No _____

Have you ever worked for the Department of Family and Children Services?
(Includes service as a foster parent) Yes _____ No _____

Do you have any prior or cases with the Department of Family and Children
Services? Yes _____ No _____

If Yes, Please explain your involvement

List any volunteer experience:

Length of service:

Do you belong to any support groups or organizations? If so, please list.

Describe any other experience, education or training related to dependent
children and families:

Do you have a valid Georgia driver's license? Yes _____ No _____

Do you own or have access to a car? Yes _____ No _____

****A positive response to the following questions does not necessarily
disqualify you from the volunteer program, but an explanation is necessary.

Have you ever been convicted of any violation of law other than minor traffic violations? Yes_____ No_____

Have you sought treatment for or are you currently in treatment for a mental health problem? Yes_____ No_____

Have you ever abused the use of drugs or alcohol? Yes_____ No_____

Explain: _____

How did you hear about CASA?

Why do you want to volunteer for CASA?

References

Please list below **one personal reference** (no more than one family member) and **two professional references** (salaried or volunteer work). All references will be sent out by email OR if requested a reference letter can be sent by email.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (H) _____ (W) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (H) _____ (W) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (H) _____ (W) _____

Relationship: _____

Personal Information:

Marital Status: _____

Children and Ages: _____

Education and other training:

<u>Name of school /program</u>	<u>Degree</u>	<u>Dates attended</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please read and sign below.

I understand that inquiries will be made as to my suitability as a volunteer CASA and that application does not assure acceptance in the program. I will be responsible for assuring that my references return the reference request form to the CASA program that they'll receive by mail. I have carefully considered the job description and training schedule and, if accepted, will offer my services as a Court Appointed Special Advocate.

Signature

Date

Confidentiality

A CASA (Court Appointed Special Advocate) maintains strict confidentiality of all information related to a case. When appointed by court order, the CASA has the responsibility to interview all persons having knowledge of the child's situation and to review documents and reports relating to the child and family. The court order provides authority for access to confidential information. The reproduction of confidential and personal information related to any child or family should be limited. Documents and reports contained in the records of an agency or institution should be reviewed by appointment in the office of the agency. No record or document copied or reviewed should be distributed or discussed with any other agency or interested party. Documents and reports required as evidence during the adjudicatory hearing would require a subpoena if not already being submitted by the petitioner or another party to the case. All information and records acquired or reviewed by a CASA can be disclosed only to the court or upon court order by a party to the case.

I understand and agree to abide by Central Georgia CASA's confidentiality policy. I understand that all documents and records received during my investigation of a case are a property of Central Georgia CASA. I will return all reports and documents to Central Georgia CASA once permanency is achieved for the child/children that I am advocating for or upon the request of Central Georgia CASA staff.

Signature

Date

CENTRAL GEORGIA CASA

Central Georgia CASA, Inc.
640 Plum Street
Suite 205
Macon, GA 31201

CENTRAL GEORGIA CASA
CONSENT FORM

I hereby authorize Central Georgia CASA to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia.

Full Name Printed

Address

City/State/Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Notary

Date

**Central CASA, Inc. Mandatory Trainings and Specialized Events
Volunteer Availability**

Name _____

Contact # _____

Availability

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please be specific when indicating availability

EXAMPLE

Monday 10am – 3pm

Tuesday ALL DAY

Wednesday – NOT AVAILABLE

Thursday 5pm – 8pm

Friday 12pm – 5pm
