

# The Voice for Clinton County's Children Volunteer Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
                    First Name                            Middle Name                            Last Name

Previously Used and/or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address  City                            State                            Zip Code

Telephone: \_\_\_\_\_  
                    Home  Work, if ok to contact you at work  
\_\_\_\_\_  
                    Cell  Message Phone

E-mail address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:   Single   Married   Divorced   Domestic Partnership   Widowed

## EMPLOYMENT INFORMATION

Current Occupation/Title: \_\_\_\_\_

\_\_\_\_\_  
Business Street Address  City                            State                            Zip Code

Typical Work Schedule: \_\_\_\_\_  
                                    Example: Monday – Friday, 8 a – 5 p

If it is necessary for you to appear in court or fulfill a CASA obligation, can you do so even if it occurs during your normal work hours?   YES   NO

Please give a brief description of your current employment responsibilities.

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

Please briefly describe previous work experience which may be applicable to CASA.

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

**AVAILABILITY**

- 1. Can you commit to at least 18 months of service? YES NO
- 2. Approximately how many hours a week are you available? \_\_\_\_\_
- 3. Estimate the days and time of day(s) you are available.  
\_\_\_\_\_
- 4. Can you attend the court hearings for the child you are assigned? YES NO
- 5. Do you have access to reliable transportation? YES NO  
If no, how will you fulfill your CASA role? \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

- 1. Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Start End

Please give a brief description of your current volunteer role. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Start End

Please give a brief description of your current volunteer role. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Highest grade completed: \_\_\_\_\_ Highest degree earned: \_\_\_\_\_  
Area(s) of study: \_\_\_\_\_

Professional licensure(s), registration(s), certification(s)

---

**PERSONAL AND BUSINESS REFERENCES (NO RELATIVES)**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

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

**OTHER EXPERIENCES**

Please discuss any personal experiences you have had with any of the following.

Department of Human Services, Child Protective Services: \_\_\_\_\_

---

Juvenile Court: \_\_\_\_\_

---

Foster Care: \_\_\_\_\_

---

Any agency providing services to children: \_\_\_\_\_

Have you been convicted of any criminal offense other than minor traffic? YES NO

If yes, please explain: \_\_\_\_\_

**PROGRAM**

**INFORMATION**

How did you find out about the CASA Program? \_\_\_\_\_

Referred to CASA by: \_\_\_\_\_

Please rank (1 best, 3 worst) when you are available for CASA Volunteer training if you are chosen to be a CASA Volunteer.

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Please rank (1 best, 2 worst) when you are available for CASA Volunteer training if you are chosen to be a CASA Volunteer.

\_\_\_\_\_ Weekday \_\_\_\_\_ Weekend

**ADDITIONAL INFORMATION**

Please discuss any additional skills, experiences, or education which will make you a valuable CASA Volunteer.

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

Please write a brief explanation on why you would like to be a CASA Volunteer and what your expectations are of the CASA Program?

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

**CONSENT TO BACKGROUND CHECK INFORMATION**

PLEASE NOTE: Any applicant found to have been convicted of or having charges pending for felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risk to children or the CASA Program’s credibility is not eligible to serve as a CASA-The Voice of Clinton County’s Children Volunteer.

I, \_\_\_\_\_, hereby affirm that all the answers provided on my volunteer application are true. I authorize CASA-A Voice for Clinton County’s Children and any law enforcement agency they authorize to investigate my background and investigate my fitness as a volunteer.

I understand the information requested in this application will be used only for the purpose of determining my suitability as a CASA Volunteer. INITIAL: \_\_\_\_\_

I understand that the completion of the CASA Training does not guarantee that I will be assigned to a case. If I have successfully completed the training, met all requirements, and it has been determined I am a suitable volunteer, I will be expected to serve a minimum of eighteen (18) months. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA Program with as much advanced notice as possible. INITIAL: \_\_\_\_\_

I am aware of the confidential and sensitive nature of the 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. INITIAL: \_\_\_\_\_

I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the CASA Program, and their desire to provide quality services to abused and neglected children, my services as a CASA Volunteer will be terminated. INITIAL: \_\_\_\_\_

I submit the statement on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result at dismissal at a later time. INITIAL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

***Thank you for your interest in serving as a CASA Volunteer!***

Please return application via postal mail or email to:

The Voice for Clinton County’s Children, P.O. Box 63, St. Johns, MI 48879  
Phone: 989-640-5526 E-mail: KellySchaferED@gmail.com