



# Robertson County CASA Volunteer Application

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

## **Personal** (All items marked with \* are required)

\*Full Name \_\_\_\_\_  
(Last) (First) (Middle)

\*Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

\*Social Security # \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

***The following information is optional and in no way influences your consideration as a volunteer candidate.***

Gender: Male Female

Ethnicity: African- American Asian-American Caucasian Latino  
Native American Other \_\_\_\_\_

Are You Employed? Yes No Full-time Part-time Retired Student

Place of Employment: \_\_\_\_\_ Position \_\_\_\_\_

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

\*Can you be called at work? Yes No What are your work hours? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Do you have any children? Yes No. If so, what are their ages?

In case of emergency please call:

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Name	Phone	Relationship
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## **Education**

High School: \_\_\_\_\_ Highest completed: 9 10 11 12

College: \_\_\_\_\_ Highest completed: 1 2 3 4

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_

### **Do you have any training or experience in any of the following? (Circle all that apply)**

Medicine	Mental Health	Counseling	Fundraising
Psychology	Child Development	Mediation	Child Care
Social Work	Computers	Graphic Design	Law
Enforcement	Advertising	Public Relations	News Media
Grant Writing	Substance Abuse		

Current Volunteer or community activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Availability**

Are you prepared to complete 30 hours of pre-service training, and 12 hours of in-service each year after graduation?      Yes      No

Does your schedule permit you to attend meetings, court hearings or foster care reviews during the work day?      Yes      No

Do you drive?    Yes    No      Do you have regular access to a car?    Yes      No

Do you have current driver's liability insurance?    Yes      No

\*Drivers License: \_\_\_\_\_ \*State of Issue: \_\_\_\_\_

A DMV record is optional and does not preclude you from being a volunteer, but may exempt you from being able to transport children if the need ever arises. Volunteers are currently not allowed to transport CASA children, so this is pre-emptive. If you agree to a DMV record being conducted please indicate by checking one of the two boxes here:

\_\_\_\_\_ Yes, I give my permission to have my DMV record accessed by CASA of Robertson County.

\_\_\_\_\_ No, you do not have my permission.

## **Background Information**

What strengths do you bring to this program?

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What are your weaknesses? \_\_\_\_\_

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Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Children's Services, the Juvenile Court system, foster care, or other agencies offering services to children:

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Why have you chosen to work with the CASA program at this particular time in your life?

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Have you ever been arrested, or have any kind of criminal record?      Yes                      No  
(Please note: a full criminal background will be requested from the Tennessee Bureau of Investigation and the Federal Bureau of Investigation) If yes, explain:

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Have you or anyone close to you been subject of or involved in any investigation by the Department of Children Services, court proceedings or litigation involving a child or children?  
Yes                      No                      If yes, explain:

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## **References**

Three reference forms will be provided at your in-person interview; please list below the three references you will be using along with their contact information.

As part of your application, we must have three references. All three references must be from someone other than a relative or spouse/partner (for example, a friend, teacher, minister, or employer). For our record those persons chosen by you are:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that all of the information provided on this application is true. I authorize CASA of Robertson County, and any law enforcement agency authorize by the CASA of Robertson County, 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 my suitability as a CASA volunteer.

Further, I understand that completion of the training does not guarantee that I will be appointed to a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year with the program. If unforeseen circumstances prevent me from fulfilling this obligation I will submit a written resignation with as much notice as possible, along with all files and information pertaining to any child assigned to me by CASA of Robertson County, to the Program Director immediately.

I am aware of the sensitive and confidential nature of this work, the official 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.

I also 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.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(A signed copy of this application becomes part of the volunteer file)

**Please return your application to any of the following:**

**CASA of Robertson County**

POB 967 Springfield TN 37172

Fax: 615-382-0444

Email: [casaofrobertsoncounty@gmail.com](mailto:casaofrobertsoncounty@gmail.com)