

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP (41) \_\_\_\_\_

County (42) \_\_\_\_\_ Social Security number \_\_\_\_\_

Home phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Employment status  Full time  Part time  Student  Not employed  Retired  Don't know

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax number \_\_\_\_\_

Emergency phone \_\_\_\_\_ Emergency contact \_\_\_\_\_

Gender  Female  Male Date of birth \_\_\_\_\_

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Ethnicity(34)  African-American  Asian-American  Caucasian  Latino  
 Native American  Other  Unknown

Formal Education (Highest year of school completed)  Some high school  GED  High school  Some college  
 College  Post-graduate  Other  Unknown

What is your primary Language? (15)  English  Spanish  Signing  French  
 Other \_\_\_\_\_

Do you speak another/secondary Language? (15)  French  Signing  Spanish  
 Other \_\_\_\_\_

Referred by (30)  Flier  Friend  Internet  Local newspaper  Local radio  
 National media  NCASAA  Other  Unknown  Volunteer referral agency

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Do you drive?  Yes \_\_\_\_\_  No

Do you have regular access to a car?  Yes \_\_\_\_\_  No

Driver's license number \_\_\_\_\_ Car insurance company \_\_\_\_\_

Date Checked \_\_\_\_\_ Have Coverage?  Yes  No

Please list Skills and Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer?

\_\_\_\_\_

CASA of \_\_\_\_\_ reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

\_\_\_\_\_ Date \_\_\_\_\_  
(Applicants Signature)

**THANKS!**

**THIS PART TO BE FILLED OUT BY CASA PROGRAM STAFF**

Criminal background check with (05):  Child Abuse Registry  CPS  FBI  Local  
 Other  State

Date checked \_\_\_\_\_ Results \_\_\_\_\_

Volunteer Type (27)  Volunteer  Attorney  Staff  Part-time Staff  Other

Volunteer Status (31)  Application Accepted  Assigned to Case -- Available  Assigned to Case -- Not Available  
 In Training  Inquiry  Never Trained  On Leave  Other  Screening Completed  
 Not Assigned to Case -- Available  Not Assigned to Case -- Available

Available?  Yes  No

Date Accepted \_\_\_\_\_ Date Sworn \_\_\_\_\_