



PO Box 987 | 412 Crittenden Street  
Arkadelphia, AR 71923  
870.260.5448  
www.casaofclarkandpike.org

## CASA Volunteer Application

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

Are you known by any other names? \_\_\_\_\_

Home address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax # : \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex:  M  F  Other

Race/Ethnicity  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

### **Current Marital/Family Status**

Single  Committed Relationship  Married Date \_\_\_\_\_

Widowed Date \_\_\_\_\_  Divorced Date \_\_\_\_\_

Separated Date \_\_\_\_\_

Spouse's/Partner's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's employment and position \_\_\_\_\_

Children's Names \_\_\_\_\_ Lives with you?

\_\_\_\_\_ DOB \_\_\_\_\_ Yes No

\_\_\_\_\_ DOB \_\_\_\_\_ Yes No

\_\_\_\_\_ DOB \_\_\_\_\_ Yes No

**Education**

Circle highest completed:

High School: 9 10 11 12      College: 1 2 3 4      Graduate: 1 2 3 4

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

Currently enrolled in school?  Part-time  Full-time      Exp. Grad date? \_\_\_\_\_

**Employment History**

Name of Company & Phone	Position	Supervisor	Employment Dates To/From	Reason for Leaving

Present Employment Status:

Full time    Retired    Part time (hours per week \_\_\_\_\_ )    Other \_\_\_\_\_

**Personal**

List any community groups in which you are presently active (professional associations, faith communities, service organizations, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience working with children?  Yes  No

If yes, give organization names and details \_\_\_\_\_

\_\_\_\_\_



PO Box 987 | 412 Crittenden Street  
Arkadelphia, AR 71923  
870.260.5448  
www.casaofclarkandpike.org

Do you give CASA of Clark & Pike Counties permission to obtain information from these organizations regarding your membership?  Yes  No

If no, please explain \_\_\_\_\_

Have you or your family had personal/professional experience with: (if yes, explain)

Child Abuse  Yes  No \_\_\_\_\_

Foster Care  Yes  No \_\_\_\_\_

Juvenile Court System  Yes  No \_\_\_\_\_

Child Protective Services  Yes  No \_\_\_\_\_

Other Child Service Agencies  Yes  No \_\_\_\_\_

Counseling or Therapy  Yes  No \_\_\_\_\_

Have you ever applied with another organization that works with children?  Yes  No

Were you accepted?  Yes  No Please give names of organizations and the year \_\_\_\_\_

\_\_\_\_\_

Have you ever applied to this or any other CASA program before?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

*Please respond to the following:*

I am interested in working with children and families as a CASA volunteer because....\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I feel I can be a fair and objective advocate for a child because....\_\_\_\_\_

\_\_\_\_\_

---

---

Any hesitations or concerns regarding your participation in the CASA program at this point?

---

---

Are you willing to commit to a minimum of one (1) year of volunteer service?  Yes  No

CASA volunteers give 10-15 hours a month. Could you fit this into your schedule?  Yes  No

### **Criminal History**

All volunteer applicants who complete training will undergo a criminal background and Central Registry check.

Have you ever been convicted of a crime involving a sex offense, child abuse or neglect, domestic violence, or related acts?  Yes  No Charge \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Location \_\_\_\_\_

### **Transportation/Vehicle Information**

CASA volunteers must transport themselves to hearings, meetings, visits, etc. Please answer the following:

Do you have access to a dependable vehicle?  Yes  No

Will regular access to transportation be an issue for you?  Yes  No

If yes, please explain how you will overcome this obstacle in getting to court hearings and meetings on time.

---

---

---

### **Current Hobbies/Interests**

---

---

## REFERENCES

Please provide **COMPLETE** contact information for three (3) non-family references that have known you for at least one year.

Please do not list a relative or significant other. If possible, please list an employer or supervisor. CASA of Clark & Pike Counties will mail a brochure with a description of the CASA program and reference form for them to complete and return.

Name	Contact Information	Years Known
Relationship: _____	Address: _____ Phone: _____ Email: _____	
Relationship: _____	Address: _____ Phone: _____ Email: _____	
Relationship: _____	Address: _____ Phone: _____ Email: _____	

I \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Clark & Pike Counties, and any agency they authorize, 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.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date