

VOLUNTEER APPLICATION

Mail to: **Lookout Mountain Court Appointed Special Advocates**
P.O. Box 5615 Fort Oglethorpe, GA 30742
423-255-6146
Fax: 706-866-9003
www.LookoutMountainCASA.org

This form will help us assess your qualifications to serve as a volunteer Court Appointed Special Advocate, and will remain confidential. Please read the directions carefully and return completed application to our office. If you have any questions, please feel free to call the office.

I. Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

May you be called at work? (Yes / No) Social Security # _____

Date of Birth _____ Gender: M F Place of Birth _____

Ethnicity _____ Resident of _____ County, for _____ years

What is the current status of your health? _____

Do you speak Spanish? (Yes / No) Other languages spoken _____

II. Education (Circle highest level completed)

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

Last School Attended _____ Date _____

Major _____ Degree _____

Are you currently attending school? Yes No

Do you have any special skills or licenses? If yes, please list _____

Are you a licensed driver? (Yes / No) Driver's License # _____

Do you have a car? (Yes / No) License Plate # _____

Do you have car insurance? (Yes / No) Insurance Co. _____

III. Background Information

1. Have you ever been:
- | | | | |
|----|--|-----|----|
| a. | Arrested or convicted for a crime against a child? | Yes | No |
| b. | Arrested or convicted for a violent felony? | Yes | No |
| c. | Arrested or convicted for a sex crime? | Yes | No |
2. If you answered yes to a, b or c above, can you produce a written declaration of a "Finding of Factual Innocence?"
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
3. Have you ever been arrested or convicted of any crime not mentioned above?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
4. Are you or have you been the subject of or been involved in:
- | | | | |
|----|---|-----|----|
| a. | A reporting to a Child Protective Agency? | Yes | No |
| b. | An adjudicated dependent of any juvenile court? | Yes | No |
| c. | Placed under informal supervision in any county's children's social service agency? | Yes | No |

If you have answered "yes" to any of the questions above, please explain:
(Attach additional sheets if necessary.)

5. Are you currently paid or reimbursed to provide a service to children and/or parents within the child welfare and/or Juvenile Court system?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

IV. Work/Volunteer History

Circle current employment status:

Full-time Part-time Self-employed Student Unemployed Retired

Name and Address of previous employer or volunteer project.

Name _____ Phone # _____

Address _____

City, State, Zip _____

Job Title _____ Supervisor _____

Dates of employment _____ Duties _____

Name and Address of previous employer or volunteer project.

Name _____ Phone # _____

Address _____

City, State, Zip _____

Job Title _____ Supervisor _____

Dates of employment _____ Duties _____

Part of your responsibility in this volunteer program is to be available to appear in court on the assigned dates. If you are employed, would you have difficulty being available for court hearings?

Yes No

List any other current community activities and memberships (club, church, professional, etc.).

Hobbies/Special Interest _____

V. Personal References

Please give complete addresses - (One reference from a recent employer, one from someone who has seen you interact with children, and one personal reference). **No family members please.**

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

VI. Email Information

Do you use email as a communication tool? Yes No

What is your email address? _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided are true. I hereby authorize Lookout Mountain *CASA* to investigate my background to determine my fitness as a potential volunteer. I understand that the screening process includes, but is not limited to: child abuse index check, fingerprinting, DMV check, references and interviews.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a *CASA* volunteer. I understand that after successful completion of my training, and acceptance as an advocate, I will be expected to serve a minimum of one year in the *CASA* program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the *CASA* Coordinator as soon as possible. I understand that *CASA* has the right to select, reject, or terminate any applicant. I am aware of the sensitive and confidential nature of the documents, discussions, and other material I will examine in my capacity as a volunteer advocate. I will discuss these matters only with those directly involved in the case.

Name (please print) _____

Signature: _____

In case of Emergency, contact: _____

Phone: _____

Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or to the *CASA* program's credibility will not be accepted as a *CASA* volunteer.

PLEASE WRITE A BRIEF STATEMENT EXPLAINING THE FOLLOWING:

(Feel free to write on the back of this page or attach a separate page.)

. How did you hear about the Lookout Mountain *CASA* Program? _____

. Why are you interested in becoming a Court Appointed Special Advocate? _____

. What experiences do you have that would be beneficial to you as a *CASA* and why? _____

. How do you hope to benefit from this volunteer experience? _____
