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## **CASA of Kent County, Inc.**

Member of the National CASA Association

[www.casakentco.org](http://www.casakentco.org)

Please return the application packet to:

(616) 632-5311

CASA of Kent County, Inc.  
180 Ottawa NW, Suite 3400  
Grand Rapids, MI 49503

### **PURPOSE AND USE OF THIS APPLICATION INFORMATION**

Thank you for your interest in working as a volunteer with CASA of Kent County, Inc. In every role, volunteers function under the same expectations as paid staff in terms of work attendance, dependability, adherence to established work procedures and compliance with professional standards of conduct. In turn volunteers are assigned very meaningful and important work. You will find the volunteer experience very rewarding.

The questions in this application are asked for the purpose of preliminarily assessing your qualifications to be a CASA volunteer. The volunteer application contains much of the material included in paid staff applications, but with some differences. Court Appointed Special Advocate is an at-will position. The information requested in the background section will provide a basis for evaluating your qualifications as a volunteer, while the information included in the Criminal Record/Treatment History Section is essential to determine final approval of your application.

While the information is requested, the Criminal Record/ Treatment History Section is not an automatic barrier to final acceptance; it will be assessed and discussed with you regarding its relevance to your work as a CASA volunteer. The information is requested to expedite the application process. If you have any questions about completing the Criminal/Treatment History Section before learning if you will be accepted as a CASA volunteer, please contact the director of the CASA program.

### **INFORMATION DISCLOSURE**

As an applicant, your name, job history, education, training, and work availability are public information. All other information will remain private. As a volunteer, your name, job title, job description, dates of volunteering, work location, work telephone number, and time sheets can be made public. All data about you remains private and will not be shared without your written permission. The program will reject any applicant found to have been convicted of, or having charges pending for a felony, or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility.

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# Kent County Court Appointed Special Advocate Program

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www.CASAKentco.org

(616) 632-5311

## VOLUNTEER APPLICATION

PLEASE TYPE OR WRITE LEGIBLY USING BLACK INK.  
COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!

### Background Information

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Social Security #: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. List maiden name and or other names you have ever been known by: \_\_\_\_\_
6. Ethnicity \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
7. Have you lived in a state other than Michigan in the past five (5) years?  Yes  No  
If yes, where: \_\_\_\_\_
8. Home Telephone: \_\_\_\_\_ Best Time To Call \_\_\_\_\_  
OK to call at work?  Yes  No Work Telephone \_\_\_\_\_ Cell: \_\_\_\_\_
9. Contact in case of Emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
10. Education (Please list school/college name and degree).  
High School: \_\_\_\_\_ Graduated  Yes  No.  
College: \_\_\_\_\_ Graduated  Yes  No.  
Other: \_\_\_\_\_ Graduated  Yes  No.
11. Primary Language: \_\_\_\_\_  
Secondary Language: \_\_\_\_\_

12. Regarding your current employment status, which of the following best describes you?

- Full-Time    Part-Time    Student    Retired    Not Employed

13. Employment Information – Please begin list with current or last employer.

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Volunteer Experiences:

Organization/Business	Position	Dates Volunteered
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. How did you hear about the CASA program? \_\_\_\_\_  
\_\_\_\_\_

16. Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_

17. Please list any areas of interest or knowledge and hobbies or special skills that you could offer as a volunteer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What experience or knowledge of children and families (parenting experience, childcare experience, education or work experience) do you have to assist you in determining what may be in a child's best interest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you had any experience with social service agencies as a staff person, foster, parent, volunteer, or client? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you had any experience dealing with the juvenile or family court system? If yes, please describe. \_\_\_\_\_

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21. In your opinion, how could the system do a better job of protecting children? \_\_\_\_\_

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22. How many total hours per week are you available? \_\_\_\_\_

23. Please indicate morning, afternoon and evening availability:

- Mon     AM  PM  Eve
- Tues    AM  PM  Eve
- Wed     AM  PM  Eve
- Thurs    AM  PM  Eve
- Fri      AM  PM  Eve
- Sat      AM  PM  Eve
- Sun      AM  PM  Eve

24. Some volunteer duties require the use of a car. Do you own a car with liability insurance?

- Yes
- No. Please submit your copy of proof of insurance with this application.

25. Has anyone ever complained about your use of drugs and/or alcohol?     Yes     No

If yes, please explain. \_\_\_\_\_

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26. Were you abused or neglected as a child?     Yes     No.

27. Have you ever been accused of abusing or neglecting a child?     Yes     No.

28. Have you ever been involved in a relationship that included domestic violence?     Yes     No.

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**Criminal Record**

The information requested in this section is essential to conduct the record check and is required in order to be accepted into the program. If you choose to withhold this information, you will not be accepted into the program. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.

29. Have you ever been convicted of a law violation other than a minor traffic offense?  Yes  No

If Yes, What was the offense(s)? \_\_\_\_\_

Date(s) Convicted: \_\_\_\_\_

End of probation, parole or court jurisdiction: \_\_\_\_\_

30. Please list any additional information you feel would be helpful in assessing your application.

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

**Acknowledgment**

I declare that all of the proceeding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in separation at a later time. I understand that a Court Appointed Special Advocate is an at-will position.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete attached Personal Reference and Authority to Release Information forms and return with the completed application. Please send a copy of your Automobile Proof of Insurance.

Please return completed application package to:

CASA of Kent County, Inc.

Attn: Director

180 Avenue NW Suite 3400

Grand Rapids, MI 49503

## References

Please list three personal references that can attest to your character skills and dependability. One reference should be a supervisor if employed. Other examples might be a minister, teacher, therapist, etc. References will be contacted. Please print and give complete address information because we do send a reference form to each person listed.

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature & Date

PLEASE RETURN WITH COMPLETED APPLICATION

**Authority To Release Information**

To Whom It May Concern:

I hereby authorize a representative of the Court Appointed Special Advocate (CASA) program to conduct an investigation on my background in conjunction with their official duties.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to CASA of Kent County. The background check will also include the Child Abuse Central Registry and a motor vehicles division record check.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of the CASA program.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please Print): \_\_\_\_\_

MAIDEN NAME/ALIAS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

Signature & Date

PLEASE RETURN WITH COMPLETED APPLICATION

Revised 4/10