



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

**CASA OF LIVINGSTON COUNTY**

## Volunteer Application

**PLEASE TYPE OR WRITE LEGIBLY. COMPLETE ALL PAGES OF THE APPLICATION. WRITE N/A IN THE BLANK IF IT DOES NOT APPLY. THANK YOU!**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

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

*If less than one year, please list your previous address*

Previous Address \_\_\_\_\_

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

### Current Employment

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

I prefer to receive phone calls at: Work \_\_\_\_\_ Home \_\_\_\_\_

I prefer to receive faxes at: Work \_\_\_\_\_ Home \_\_\_\_\_

I prefer to receive email at: Work \_\_\_\_\_ Home \_\_\_\_\_

Please list possible availability: (Check all that apply)

Daytime  Evenings  Weekdays  Weekends

Hours available:

\_\_\_\_\_

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**Previous Employment**

Employer	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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**Education**

High School

Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Circle last year completed    9   10   11   12   GED    Date completed \_\_\_\_\_

College

Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Circle last year completed:    13   14   15   16+    Dates attended \_\_\_\_\_  
Degree/Field of Study \_\_\_\_\_

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List previous experiences (volunteer, paid, or educational) that would assist you in your role as a CASA Volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to volunteer with the Livingston County CASA Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about volunteer opportunities available with the Livingston County CASA Program?

\_\_\_\_\_

\_\_\_\_\_

Is it necessary for you to limit your physical activity in any way? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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**Emergency Contact**

Individual to be notified in case of an emergency:

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

Address \_\_\_\_\_

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

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*I certify that the information given in this application is correct to the best of my knowledge, and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list three personal and professional references:**

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Because of the sensitive nature of our work, we request the following information:**

1. Have you ever been convicted of anything other than a minor traffic violation? \_\_\_\_\_ If yes, what was the offense(s)?

\_\_\_\_\_

Date(s) convicted \_\_\_\_\_ End of probation, parole, or court jurisdiction \_\_\_\_\_

2. Have you ever had any felony charges pending against you? \_\_\_\_\_ If yes, please explain

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

3. Have you ever had a personal protection order against you? \_\_\_\_\_ If yes, please explain

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

4. Have you ever been involved in the abuse or neglect of a child or adult? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been involved with a Protective Service Agency? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. List all addresses from the last seven years

Address

City/State/Zip

Dates

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

7. Are you willing to sign a release of information of any and all criminal records? \_\_\_\_\_

**Please complete the attached authorization form.**

**NAME CHECK AUTHORIZATION**

I, \_\_\_\_\_ HEREBY AUTHORIZE CASA of Livingston County to obtain information **pertaining to any driving records as well as past/ current educational information and any charges and/or convictions I may have had for federal and state criminal law violations.** This information will include but not be limited to allegations and convictions for crimes committed upon minors and gathered from State Police Central Records Division in specific states, the Child Abuse Central Registry and from various agencies to the extent permitted by state and federal law.

I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the CASA program. I further hereby hold harmless CASA of Livingston County and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**(Please Print)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number # \_\_\_\_\_

Michigan ID # \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number # \_\_\_\_\_