



Volunteer Application

Please return the completed application, References, and Authority to Release Information, along with a copy of your automobile proof of insurance to:

CASA of Kent County
Attn: Administrative Coordinator
180 Ottawa NW, Suite 5200, Grand Rapids, MI 49503
or submit via email to: caparks@kentcountymi.gov

PURPOSE AND USE OF THIS APPLICATION INFORMATION

Thank you for your interest in working as a volunteer with CASA (Court Appointed Special Advocates) of Kent County. 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 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 Record 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.

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, Zip _____
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 _____
7. Driver's License Number _____
8. Have you lived in a state other than Michigan in the past seven (7) years? Yes No
If yes, where? _____
9. Home phone _____ Cell phone _____
OK to call at work? Yes No Work phone _____
10. Contact in case of Emergency _____
Relationship _____ Phone _____
11. Education (Please list school/college name and degree)
High School _____ Graduated Yes No
College _____ Graduated Yes No
Other _____ Graduated Yes No

19. 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?

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

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

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

23. How many total hours per week are you available? _____

24. Some volunteer duties require the use of a car. Do you own a car with liability insurance?
 Yes No

****Please submit a 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. _____

26. Were you abused or neglected as a child? Yes No
If yes, please explain. _____

27. Have you ever been accused of abusing or neglecting a child? Yes No
If yes, please explain. _____

28. Have you ever been involved in a relationship that included domestic violence? Yes No
If yes, please explain. _____

29. Have you ever had any interaction with Protective Services or Juvenile Court? Yes No
If yes, please explain. _____

30. Have you ever been in any type of court proceeding at the District, Probate, Circuit or Supreme Court level? Yes No
If yes, please explain. _____

31. Have you ever struggled with any substance abuse issues? Yes No
If yes, please explain. _____

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.

32. 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 _____
33. Please list any additional information you feel would be helpful in assessing your application.

34. Please indicate your availability for our 2018 training:

- January 9 – February 8 (Tuesdays & Thursdays, 5:00-8:00pm)
- March 6 – April 12 (Tuesdays & Thursdays, 5:00-8:00pm)
- May 8 – June 7 (Tuesdays & Thursdays, 5:00-8:00pm)
- July 10 – August 2 (Online class – face-to-face class times TBD)
- September 4 – October 4 (Tuesdays & Thursdays, 5:00-8:00pm)
- November 1 – December 6 (Tuesdays & Thursdays, 10:00am-1:00pm)

Acknowledgment

I declare that all of the preceding 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
Attn: Administrative Coordinator
180 Ottawa Avenue NW, Suite 5200
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 send a reference form to each person listed.

1. Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone - Work _____ Home _____ Cell _____
Email address _____

2. Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone - Work _____ Home _____ Cell _____
Email address _____

3. Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone - Work _____ Home _____ Cell _____
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, Sex Offender 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