



Volunteer Application Packet

Please return the completed application, References, and Authority to Release Information, along with a copy of your auto 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/ 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.

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 _____ Driver's License Number _____

7. Have you lived in a state other than Michigan in the past seven (7) years? Yes No

If yes, where? _____

8. Home phone _____ Best Time To Call _____

OK to call at work? Yes No Work phone _____ Cell _____

9. Contact in case of Emergency _____

Relationship _____ Phone _____

9. Education (Please list school/college name and degree).

High School _____ Graduated Yes No

College _____ Graduated Yes No

Other _____ Graduated Yes No

10. Primary Language _____ Secondary Language _____

11. Which of the following best describes your current employment status?

- Full-Time Part-Time Student Retired Not Employed

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

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

13. Volunteer Experience

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

14. How did you hear about the CASA program? _____

15. Why do you want to volunteer? _____

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

17. 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?

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

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

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

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

22. Please indicate morning, afternoon and evening availability:

Mon	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve	Fri	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve
Tue	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve	Sat	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve
Wed	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve	Sun	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve
Thurs	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Eve				

23. 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.****

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

If yes, please explain. _____

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

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

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

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.

28. 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 _____

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

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