



CASA for Kids, Inc.

VOLUNTEER APPLICATION

Sullivan County Program Services:
310 Shelby Street (*Main Office*) • Kingsport TN • 37660 • P 423.247.1161 • Fax 423.247.1156
Hawkins County Program Services:
107 E. Main Street, Suite 203 • Rogersville TN • 37857 • P 423.293.0328 • Fax 423.293.0428

Full Name _____ (Maiden) _____ Sex _____
(First) (Middle) (Last)

Full Home Address _____

Previous Home Address (*if less than 7 yrs. at present address please list the full address including the COUNTY you resided in*) _____

Home Phone _____ Cell Phone _____

Email Address: _____

Times Easily Reached by Phone: _____ Years In Area _____

Birth Date _____ Social Security Number _____

Employer _____ How Long? _____

Job Title/Duties _____ Business Phone _____

May you be called at work? ☐ Yes ☐ No If Yes, Times Easily Reached _____

Educational Level Completed ☐ High School ☐ College - ☐ AS ☐ BS ☐ Masters/Ph.D

Special Skills, Training, Hobbies _____

Professional/Civic/Social Affiliations _____

Volunteer Experience _____

How did you become aware of CASA? _____

What do you feel are the strengths and weaknesses that you would bring to this program?

Have you had any prior involvement with CASA? ☐ Yes ☐ No

If Yes, please describe: _____

Have you had personal experiences involving:

Child Abuse or Neglect? _____

Department of Human Services? _____

Juvenile Court System? _____

Foster Care? _____

Adoption? _____

Other agencies offering service to a child? _____

Describe your experiences working with children:_____

Write a brief statement on why you have chosen to work with CASA at this particular time in your life:

CASA for Kids, Inc. serves children in Bristol, Kingsport, and Hawkins County court jurisdictions. Which is your preference? ☐ Bristol ☐ Kingsport ☐ Hawkins County

Would you be interested in a Saturday class? ☐ Yes ☐ No

Have you done independent study or participated in on-line training supplemented by traditional classroom training? ☐ Yes ☐ No

Would you be interested in either of these learning methods if applicable and available, pending you were approved for acceptance into training? ☐ Yes ☐ No

Traditional classroom training is generally two days or evenings per week. Please indicate days/evenings you would be available for classroom training, which includes 36 to 40 hours. These shared hours will help CASA to meet the trainee's schedule.

Days: _____ Hours: _____

What days and hours are you available to volunteer for CASA following training and being sworn-in as a Court Appointed Special Advocate.

Days: _____ Hours: _____

Please list three personal references, include full address (references must not be relatives):

1. Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone (incl area code): _____ Relationship: _____
 Length of time you have known this person _____
2. Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone (incl area code): _____ Relationship: _____
 Length of time you have known this person _____
3. Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone (incl area code): _____ Relationship: _____
 Length of time you have known this person _____

If you have been investigated by the TN Department of Children's Services or any similar in or out of state governmental agency for allegations of child maltreatment (abuse/neglect; truancy or unruly) you must state where (what state/county); when (month and year); and results of the investigation. Additionally, if you have any criminal history, please explain the charges and disposition (Court Orders) of those charges below or attach separate sheet. Any applicant who has been convicted of a felony, or has pending charges for a sexual offense, child abuse or neglect, or related acts that would pose risks to the children served by CASA for Kids' Inc., will be rejected as a CASA Volunteer Candidate.

CONFIDENTIALITY/EXPECTATIONS/CERTIFICATIONS

I understand that the information requested in this application will be used only for determining my suitability as a CASA Volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that 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 program coordinator with as much advance notice as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA Volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of CASA for Kids, Inc. and their desire to provide quality services to abused and neglected children, my services as a CASA Candidate or CASA Volunteer will be terminated.

I do submit the statements on this application are true, complete, and correct to the best of my knowledge. I do understand that falsification on this application can disqualify me from consideration or can result in dismissal later.

Certification of Suitability

I, the undersigned, hereby certify that I have no convictions resulting from a criminal offense (excluding minor traffic violations) especially alcohol or drug related charges at any time in the past three years nor is there any criminal action or investigation pending. I further certify that I, at any time, have had no convictions or charges pertaining to child abuse or child neglect nor have I ever been investigated by any social service agency regarding allegations of child abuse or child neglect.

Authority to Obtain Information

I hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA for Kids, Inc. to obtain information concerning my suitability to become a volunteer for this agency from: the Dept. of Human Services; the Child Abuse Registry; the Department of Correction; the District Attorney's Office, Juvenile, Civil, and Criminal court records; the Department of Motor Vehicles; and/or police/sheriff records.

Print Full Name, including Middle Initial

Date of Birth

Social Security Number

Signature

Date