CASA VOLUNTEER APPLICATION

(PLEASE PRINT)

Name:				
Address/City/State/Zip:				
Home Phone:	Work Phone:	Cell:		
E-mail:				
Social Security Number:		Driver's License Number:		
Marital Status:	Spouse's Name:			
Spouse's Employer:				
Number of Children:	Names and Ages:			
Number of Other Household I	Members: Nar	ne/Relationship/Age:		
Length of residency in St. Cha	arles County:	State of Missouri:		
If you have lived in any other	state, list city, state and t	ime period resided in other state(s):		
Are you employed? (Circle or	e) Yes / No	Can you be called at work? Yes / No		
Current Employer:	urrent Employer: Dates of Employment:			
Address/City/State/Zip:				
Previous Employer:		Dates of Employment:		
Address/City/State/Zip:				
Education - List highest grade	completed:			
List current community activit	es:			
List languages spoken (other	than English):			
List hobbies and special interest	ests:			
Have you ever been arrested	for a crime? Yes No	Date of Arrest:		
Charge:	Disposition	::		
Volunteer History: (Please li	st all volunteer experienc	ce)		
1. Organization:		Position:		
Address:				
Dates of service:				
2. Organization:		Position:		
Address:				
Dates of service:		-		

<u>Pe</u>	onal References (non-relatives only)				
1.	Name:				
	Address/City/State/Zip:				
	Email: Relationship:				
2.	Name:				
	Address/City/State/Zip:				
	Email: Relationship:				
3.	Name:				
	Address/City/State/Zip				
	Email: Relationship:				
Но	did you hear about the CASA program?:				
Do	ou drive? (Circle one) Yes / No (Please provide copy of driver's license)				
Do	ou have an automobile available to you? Yes / No				
Do	ou have automobile insurance? Yes / No (Please provide copy of insurance card)				
Do	ou have any health problems? Yes / No If yes, please explain:				

NOTE

A candidate for CASA volunteer status will be eliminated from consideration if he/she:

- 1. fails to possess the requisite disposition for the position;
- 2. made a false statement on the application or in the interview;
- 3. has conflicting interests which may impair or compromise work with the CASA Program and/or Court;
- 4. has a verified criminal record history that would disqualify him/her for employment with the Court;
- 5. has a verified history as a perpetrator of child abuse and/or neglect; or
- 6. fails to complete the pre-service training program.

PLEASE RETURN COMPLETED FORM TO:
Michelle C. Barron

11th CIRCUIT CASA PROGRAM
JUVENILE JUSTICE CENTER
1700 SOUTH RIVER ROAD
ST. CHARLES, MISSOURI 63303

Name:	D.O.B.:	Sex:	Race:		
Address/City/State/Zip:					
Home Phone:	Work Phone:	Fax:			
E-mail:					
Social Security Number:	umber: Driver's License Number:				
(Information necessary for criminal and child abuse/neglect record checks.)					

AFFIRMATION AND RELEASE

hereby authorize the **11th Circuit CASA Program** to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a **CASA** volunteer. Further, I understand that:

- the background investigation includes, but is not limited to, fingerprints to check a national criminal history records check of the FBI;
- Officials will be using the FBI criminal history record (if one exists) to make a determination of the
 applicant's suitability as a CASA Volunteer. The applicant will be provided an opportunity to
 complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34;
- The applicant will be afforded a reasonable time to correct or complete the record unless he/she
 has declined to do so;
- The criminal history record will be solely used for the purpose requested and will not be disseminated outside of the 11th Circuit CASA Program;
- A criminal record background check and a child abuse/neglect report background check will be completed.

Further, I understand that after the successful completion of my training, 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 CASA 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 volunteer Court Appointed Special Advocate. 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.

Signature: _		Date:	
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