

LAFAYETTE AND SALINE COUNTIES

Volunteer Application 15th Judicial Circuit Court CASA PO Box 157 Marshall MO 65340 1915 W Arrow Marshall MO 65340 (physical address) 660-631-2187 https://www.facebook.com/15CASA

Date:	
Name:	
Address:	
Telephone #: (H)	(W)
Cell#:	Emergency contact #:
May we call work? Yes	No Social Security #
In what county do you resid	elength of time?
Date of Birth:	Place of Birth:
	Email address:
If presently married, please	give husband/wife's name and occupation:
Name:	
Occupation:	COUNTIES

Children: Name:	Da	ate of Birth:	Sex:
2	2.	01 2 11 011	2 5
Present employer:			
Dates:	Sup	pervisor:	
Name and address of next p	revious employer o	or volunteer pro	oject:
	7	TM	
Dates:	Sup	ervisor:	
Brief description of work: _			
List your other current activ	ities, memberships	s in clubs, churc	ch and other organizations:
	A		
	A		
Languages spoken:	ointed S	pecia	Advocates
Hobbies/Special interests: _	R CHI	LDRE	N
LAFAYE	TTEA	ND S	ALINE
When would you be availab MONTUEWED_		manufacture of the same of the	
Morning			
Afternoon			
EveningApproximately how much to	ime can you contri	bute weekly as	a CASA/GAL volunteer?

Have you ever been arrested?	
If yes, what charge?	
Date of arrest:	Where?
How did you learn about the CASA	A program?
	CASA mandates back ground checks. not be accepted into the CASA program.
PERSONAL REFERENCES (If employer. No family members ple	you are employed, one reference should be from your ase.)
1. Name:	TM
Address:	
Telephone #:	Relationship:
2. Name:	A 8 A
Address:	
Telephone #:	Relationship:
3. Name:	ted Special Advocates
Address:	CHILDREN
Telephone #:	Relationship:
Pleas The 1	e mail your application to: 5 th Judicial Circuit CASA PO Box 157
	Marshall MO 65340 casahannahmeyer@gmail.com
	www.facebook.com/15CASA
	qual Opportunity Organization
	Opportunity Employment without regard to race, color, n, age, disability or marital status in accordance
	ederal and state regulations.

CASA Volunteer Application 2024