



# CASA VOLUNTEER APPLICATION

PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE ENTIRE APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

ARE YOU KNOWN BY ANY OTHER NAMES? \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN OKLAHOMA? \_\_\_\_\_

IF LESS THAN FIVE YEARS, YOUR LAST ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELLULAR PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

ETHNICITY:  AFRICAN AMERICAN  ASIAN AMERICAN  CAUCASIAN  LATINO  NATIVE AMERICA  
 OTHER  UNKNOWN N

WHAT IS YOUR PRIMARY LANGUAGE:  ENGLISH  SPANISH  FRENCH  OTHER  SPECIFY \_\_\_\_\_

DO YOU SPEAK A SECONDARY LANGUAGE:  YES  NO SPECIFY \_\_\_\_\_

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DO YOU DRIVE?  YES  NO WHY? \_\_\_\_\_

DRIVERS LICENSE NUMBER? \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AUTO INSURANCE COMPANY AND POLICY NUMBER: \_\_\_\_\_

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**FORMAL EDUCATION**

EDUCATION COMPLETED: \_\_ HIGH SCHOOL \_\_ AA/AS \_\_ BA/BS \_\_ MA/MS \_\_ PhD/EdD

\_\_ CURRENT STUDENT WHERE? \_\_\_\_\_

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE

**EMPLOYMENT HISTORY**

EMPLOYER NAME DATE EMPLOYED	POSITION	SUPERVISOR	ADDRESS AND PHONE NUMBER	REASON FOR LEAVING

CURRENT EMPLOYMENT STATUS:  FT  PT  RETIRED  OTHER, EXPLAIN \_\_\_\_\_

LIST ANY OTHER EXPERIENCE, EDUCATION, OR TRAINING RELATED TO DEPENDENT CHILDREN AND FAMILIES:

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HOW DID YOU HEAR ABOUT THE CASA PROGRAM? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS OR ANOTHER CASA PROGRAM BEFORE? \_\_\_\_\_

WHEN DO YOU PLAN TO START TRAINING? \_\_\_\_\_

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**PERSONAL INFORMATION**

CURRENT MARITAL STATUS:  SINGLE  MARRIED  WIDOWED  DIVORCED  SEPARATED

IF MARRIED/COMMITTED, SPOUSE/PARTNER'S NAME: \_\_\_\_\_

SPOUSE'S EMPLOYMENT / POSITION : \_\_\_\_\_

PLEASE LIST NAMES AND AGES OF ALL YOUR CHILDREN AND WHERE THEY RESIDE: \_\_\_\_\_

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ARE YOU CURRENTLY IN THE MIDDLE OR ANY TYPE OF CHILD CUSTODY DISPUTE?  YES  NO EXPLAIN, \_\_\_\_\_

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HAVE YOU EVER WORKED FOR THE JUVENILE COURT?  YES  NO \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE DEPT. OF FAMILY AND CHILDREN SERVICES?  YES  NO

LIST ANY CHARGES, ARRESTS, AND/ OR CONVICTIONS **OTHER THAN TRAFFIC VIOLATIONS**, AND LIST DATES, COUNTY/STATE AND DISPOSITION OF EACH. (AN APPLICANT HAVING A CHARGE OR CONVICTION FOR A CRIME INVOLVING A SEX OFFENSE, CHILD ABUSE OR NEGLECT OR RELATED ACTS THAT WOULD POSE RISKS TO CHILDREN OR THE **CASA** PROGRAM'S CREDIBILITY IS DISQUALIFIED AS A CASA VOLUNTEER. APPLICANTS WITH OTHER MISDEMEANOR OR FELONY CHARGES OR CONVICTIONS THAT WOULD NOT POSE A RISK TO CHILDREN OR NEGATIVELY AFFECT THE CREDIBILITY OF THE CASA PROGRAM WILL BE CONSIDERED ON A CASE-BY-CASE BASIS CONSIDERING THE TIME PASSED SINCE THE INCIDENT AND THE LEVEL OF REHABILITATION)

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HAVE YOU EVER HAD AN OPEN CHILD PROTECTION SERVICE (CPS) CASE WITH THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO PLEASE EXPLAIN, \_\_\_\_\_

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I, \_\_\_\_\_, ATTEST THAT I HAVE NEVER ABUSED, NEGLECTED, SEXUALLY EXPLOITED OR DEPRIVED A CHILD OR ADULT OR SUBJECT ED ANY PERSON TO SERIOUS INJURY AS A RESULT OR INTENTIONAL OR GROSSLY NEGLIGENT MISCONDUCT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REFERENCE INFORMATION**

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REFERENCES: PLEASE LIST THE NAMES AND CONTACT INFORMATION OF 4 PEOPLE (2 PROFESSIONAL –SALARIED OR VOLUNTEER WORK AND 2 PERSONAL –NO FAMILY MEMBERS PLEASE). IF CURRENT, PLEASE LIST SUPERVISOR FIRST.

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**SELF-COMPLETION QUESTIONNAIRE:**

PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS,

WHY DO YOU WANT TO BE A CASA VOLUNTEER ? \_\_\_\_\_

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**PLEASE WRITE AN AUTOBIOGRAPHICAL STATEMENT.**

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**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, HEREBY AFFIRM THAT ALL OF THE ANSWERS PROVIDED ON MY VOLUNTEER APPLICATION ARE TRUE. I UNDERSTAND THAT THE INFORMATION REQUESTED WILL BE USED ONLY FOR THE PURPOSE OF DETERMINING MY SUITABILITY AS A COURT APPOINTED SPECIAL ADVOCATE. I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE ASSIGNED A CASE. AFTER SUCCESSFUL COMPLETION OF MY TRAINING, I FURTHER UNDERSTAND THAT I WILL BE EXPECTED TO SERVE A MINIMUM OF ONE YEAR IN THE CASA PROGRAM. IF UNFORSEEN CIRCUMSTANCES PREVENT ME FROM FULFILLING THIS OBLIGATION, I WILL SUBMIT A WRITTEN RESIGNATION TO THE PROGRAM DIRECTOR WITH AS MUCH ADVANCE NOTICE AS POSSIBLE.

I AM AWARE THAT I WILL BE EXAMINING SENSITIVE, CONFIDENTIAL DOCUMENTS, REPORTS AND OTHER MATERIAL IN MY CAPACITY AS A CASA VOLUNTEER. I WILL DISCUSS THESE MATTERS ONLY WITH THOSE PERSONS DIRECTLY INVOLVED IN THE CASE AT THE COURT OR THOSE WHO WILL BE CONSULTED FOR THEIR PROFESSIONAL KNOWLEDGE OR EXPERTISE. I WILL NOT DIVULGE THIS CONFIDENTIAL INFORMATION TO ANYONE ELSE.

I HEREBY AUTHORIZE CASA AND ANY LAW ENFORCEMENT AGENCY TO RECEIVE ANY CRIMINAL HISTORY REPORT INFORMATION AND STATE CENTRAL REGISTRY INFORMATION (FROM THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES) PERTAINING TO ME, WHICH MAY BE IN FILES OF ANY FEDERAL, STATE AND LOCAL CRIMINAL JUSTICE AGENCY IN THE UNITED STATES, AND TO INVESTIGATE MY BACKGROUND TO DETERMINE MY FITNESS AS A POTENTIAL VOLUNTEER. THIS INFORMATION MAY BE REQUESTED AND BE RECEIVED ON A CONTINUAL BASIS DURING THE PERIOD OF TIME THAT I AM AN ACTIVE VOLUNTEER FOR THE CASA PROGRAM.

I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT IF ACCEPTED INTO THE PROGRAM AS A VOLUNTEER, ANY FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUND OF DISMISSAL.

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASA OF SOUTHWEST OKLAHOMA, INC  
601 SW C AVE, STE 101, LAWTON, OK 73501  
PHONE NUMBER 580-248-2272  
[WWW.CASASWOK.COM](http://WWW.CASASWOK.COM)



