



Montcalm CASA
P.O. Box 925
Stanton, MI 48888
(989) 831-3561
Fax: (989) 831-7548
montcalmcasa@8cap.org

VOLUNTEER APPLICATION

PLEASE TYPE OR WRITE LEGIBLY USING BLACK/BLUE INK. COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!

Montcalm CASA, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, height, weight, national origin, marital status, physical or mental handicap, or any other legally protected status.

Background Information

1. Name: _____
(last) (first) (middle)

2. Address: _____

City, State, and Zip Code: _____

3. Are you 21 years old or older? Yes No. Date of Birth: _____

4. Maiden Name/Alias: _____

5. Have you lived in a state other than Michigan in the past five (5) years?

Yes No

If yes, where: _____

6. Home Telephone: _____ Best Time to Call: _____

7. E-mail: _____

8. OK to call at work? Yes No. Work Telephone: _____

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

High School: _____ Graduated Yes No.

College: _____ Graduated Yes No.

Other: _____ Graduated Yes No.

Employment: (List current or last employer.)

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____

10. Volunteer Experiences:

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

11. How did you learn about the CASA program? _____

12. Why do you want to volunteer? _____

13. Please list any strong interests, knowledge areas, hobbies or special skills that you could offer as a volunteer.

14. What experience or knowledge of children and families (i.e. parenting experience, child care experience, education or work experience) do you have to assist you in determining what may be in a child's best interest?

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

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

17. In your opinion, how could the system do a better job to protect children?

18. How many total hours per week are you available to volunteer? _____

19. As a volunteer you are required to visit the child(ren) at their placement. Would you have the use of a car with the proper insurance? Yes No.

20. Are you a current abuser of drugs and/or alcohol? Yes No.

If yes, please explain. _____

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

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

Criminal Record

Any applicant convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or to the CASA/GAL program’s credibility is not eligible to be a CASA/GAL volunteer.

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, a final decision on your application cannot be made. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.

23. 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: _____

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

Acknowledgment and Permission to Conduct Record Check

I declare that all of the proceeding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or result in separation at a later time. I understand that Court Appointed Special Advocate is an at-will position.

I hereby give my permission for the Montcalm CASA Program to conduct a criminal record check, a Child Abuse Registry Check and/or a Secretary of State check to obtain information for the purpose of assessing my qualifications for Court Appointed Special Advocate.

Signature

Date

References

Please list three personal references that can attest to your character skills and dependability. If employed, one reference should be from your employer. No reference can be related. References will be contacted.

1. Name: _____ Relationship: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (_____) _____ Home (_____) _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (_____) _____ Home (_____) _____

Email: _____

3. Name: _____ Relationship: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (_____) _____ Home (_____) _____

Email: _____

Applicant Signature & Date

***** Please attach any additional information you want to submit *****

PLEASE RETURN COMPLETED APPLICATION AND FORMS (WITHIN 15 DAYS) TO:

**Montcalm CASA
P.O. Box 925
Stanton, MI 48888
Or Fax (989) 831-7548
Or email montcalmcasa@scap.org**

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of the Montcalm Court Appointed Special Advocates (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 the Montcalm CASA program. The background check may also include the child abuse Central Registry.

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 Montcalm CASA program to determine volunteer status.

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 #: _____

BIRTHDATE: _____

Signature & Date