

# CASA of the Lower Shore

# Volunteer Application Form-Part 1

**Instructions:** Please read the application carefully and complete all the sections of the form thoroughly. The information is used by the volunteer screening committee and must be provided for your application to be considered. All information provided is confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Please list any other names you have used (maiden name, previous marriage, nickname, etc.): \_\_\_\_\_

## **EMPLOYMENT**

Employment Status: [ ] Full Time [ ] Part Time [ ] Retired [ ] Student [ ] Other: \_\_\_\_\_

Regardless of your current work status, please complete the following work history section, or attach a copy of your resume.

Current Job Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Days/Hours of Work: \_\_\_\_\_

## **EDUCATION**

Please fill in the table below, beginning with the school most recently attended. Include trade schools.

Name of School City and State	Field of Study/Major	Degree(s) Received	Date(s) Received

## **ACTIVITIES, INTERESTS, AND SKILLS**

List any civic/service, social or fraternal organizations to which you belonged or have prior affiliation: Place a check in the bracket if presently a member.

Name of Organization	Dates of Involvement	Purpose/Activities of Organization	Current Member
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]

Please describe any volunteer work, interests, training and/or life experiences that enhance your ability to advocate for children.

\_\_\_\_\_

Please list any language(s), other than English, in which you are fluent: \_\_\_\_\_

What strengths will you bring to the program? \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Please list any acute and/or chronic medical conditions that could restrict your capacity to serve, be they short term or long term limitations. Additionally, please indicate any medications that could impair functioning. Be certain to consider both physical and cognitive limitations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

Are you able to make the required commitment to serving a child (minimum of 1 year)?  Yes  No

How many hours per month are you available to volunteer? [ \_\_\_\_\_ ]

Will you be able to attend/complete the pre-service training?  Yes  No

Have you ever been convicted of a crime in this or any other state?  Yes  No

If yes, list state, offense and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected as an applicant or asked to leave a volunteer program?  Yes  No

If yes, indicate the program(s) and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any reason a Circuit Court Judge might be reluctant to appoint you to a case?  Yes  No

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain what led to your decision to apply to become a CASA Advocate. What attracted you to this particular program? How do you expect to benefit from this volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My signature below signifies that I have read, understand and support the following statements:**

I certify that all the information provided on this application is true and accurate. I understand that false or inaccurate information may result in a release from my duties as a Court Appointed Special Advocate. I understand that my completed application becomes the property of the CASA of the Lower Shore.

I understand that the screening process to become a CASA volunteer consists of multiple phases, and that an invitation to training does not guarantee acceptance as a CASA volunteer. I accept that the CASA program reserves the right to reject me as a CASA volunteer at any point in the process, and is not required to disclose the details resulting in such a decision.

Criteria used in the selection of volunteers will be used solely to insure that the individual is able to meet the responsibilities of a CASA. No individual will be rejected because of race, color, religion, creed, national origin, gender, age (if 21 or older), or marital status.

\_\_\_\_\_  
Signature of CASA Volunteer Applicant

\_\_\_\_\_  
Date

Please return application to:

CASA of the Lower Shore  
124 N. Main Street, Suite C  
Berlin, MD 21811

