|  |  |
| --- | --- |
|  | Paris CASA for KIDS  |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Other names used: |  |
| Date of Birth: |  | Social Security No.: |  | Gender: |  |

|  |  |  |
| --- | --- | --- |
| Home Address: |  |  |
|  | Street Address City State Zip  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Address: |  |  |  |
|  | Street Address City | State | Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person to notify in case of emergency: |  | Phone: | Relation: |

## Employment History

Please list your three most recent employers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Employer: |  | Occupation: |  | How long: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Employer* | *Occupation* | *Dates* | *Reason for leaving* |
|  |  | - |  |
|  |  | - |  |
|  |  | - |  |

## References

Please list three (3) references below that you have known for at least one year. Do not list relatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |

Do you have an automobile? Driver’s License Number

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| Have you had prior experience with Juvenile court, Child welfare, or foster care in this or other states? |  |
| (If yes explain) |  |
| Have you had any personal experience with or exposure to child abuse and/or neglect? |  |
| (If yes explain) |  |

|  |  |
| --- | --- |
| Describe any previous experience you have had working with children |  |

|  |  |
| --- | --- |
| Have you been arrested or convicted of a crime in this or other states?  |  |
| (If yes explain) |  |

## Disclaimer and Signature

I understand that by submitting this application, I authorize inquiries to be made into my suitability as a Court Appointed Special Advocate, including reference checks and criminal background investigation. I certify that I am the above named individual and understand that any false statement given by me shall invalidate my participation in the CASA program.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |