

OCMULGEE COURT APPOINTED SPECIAL ADVOCATES

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#### **VOLUNTEER APPLICATION FORM**

NAME:				
	(LAST) S:	(FIRST)	(MIDDLE)	
HOWL ADDRES	J			
CITY:	COUNTY:	STATE:	ZIP CODE	
MAILING ADDRI	ESS: (If different from above) _			
CITY:	COUNTY:	STATE:	ZIP CODE	
DAYTIME TELEP	HONE NUMBER:	SEX: EMAIL:		
EVENING TELEP	HONE NUMBER:	ETHNIC	ORIGIN:	
CURRENT EMPL	.OYER:			
ADDRESS:		TELEPHONE #		
	PLOYMENT:			
	JPATION:			
HAVE YOU EVER	WORKED FOR THE JUVE	NILE COURT? YES _	NO _	
	WORKED FOR THE DEPA service as a foster parent			

LIST ANY VOLUNTEER EXPERIENCE AND HOW LONG:						
LIST ANY OTHER EXPERIENCE, EDUCATION OR TRAINING RELATED TO DEPENDENT CHILDREN AND FAMILIES:						
HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? (A conviction does not necessarily disqualify you from the volunteer program).  YES NO						
HAVE YOU SOUGHT TREATMENT FOR OR ARE YOU CURRENTLY IN TREATMENT FOR A MENTAL HEALTH PROBLEM? YES NO						
HAVE YOU EVER HAD A CASE WITH, OR INVESTIGATION PERFORMED BY, THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES? YES NO (If yes, by signing this application you are providing consent for the CASA office to contact the Department of Family and Children's Services regarding the above mentioned case.) Please explain.						
HOW DID YOU HEAR ABOUT THE CASA PROGRAM?						
WHY DO YOU WANT TO VOLUNTEER FOR CASA?						

## 4 MANDATORY REFERENCES: We will be unable to process your application without four complete references. Please fill out the information completely.

# TWO (2) PERSONAL REFERENCES (ONLY **ONE** FROM FAMILY MEMBER) AND

### TWO (2) PROFESSIONAL REFERENCES (SALARIED OR VOLUNTEER WORK)

NAME:				
ADDRESS:				
ADDRESS: CITY: TELEPHONE NUMBER:(H)	STATE:		ZIP CODE	
TELEPHONE NUMBER:(H)		(W)		
RELATIONSHIP:				
		_		
NAME:				
ADDRESS: CITY: TELEPHONE NUMBER: (H)				
CITY:	STATE:		ZIP CODE	
TELEPHONE NUMBER: (H)		(W)		
RELATIONSHIP:		_		
NAME:				
NAME:				
ADDRESS:	STATF:		ZIP CODE	
TELEPHONE NUMBER: (H)	OIA121	(W)		
RELATIONSHIP:		(**/		
		_		
NAME:				_
ADDRESS:				
CITY:	STATE:		ZIP CODE	
		\ /		
RELATIONSHIP:		_		
PERSONAL INFORMATION:				
MARITAL STATUS:				
CHILDREN AND AGES:				
				-
<b>EDUCATION OR OTHER TRAINING:</b>				
NAME OF SCHOOL/PROGRAM	DEGREE	i	DATES ATTENDED	
THE OF CONTOUN INCOME	<u>JEWILLE</u>		VALES ALLEMBER	

,hereby affirm that all of the answers provided on my
olunteer application are true.
understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from sulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA colunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.
also understand that if for any reason it becomes apparent that my activities are contrary o the policies, goals, and/or philosophy of the CASA program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be erminated.
lame (please print)
Signature
Date
Vitness (Ocmulgee CASA, Inc. employee)

#### **AUTHORITY TO RELEASE INFORMATION**

I hereby authorize Ocmulgee CASA, Inc. to conduct an investigation on my background in conjunction with the program guidelines.

I further authorize any Georgia law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to Ocmulgee CASA.

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 Ocmulgee Court Appointed Special Advocates. Should my criminal check indicate any conviction or pending charges relative to a felony or misdemeanor that the CASA staff determines that would be inappropriate for working with families, children, or the non-profit environment, I understand that I will not be accepted into the CASA program.

I have read the above waiver and release statement and fully understand what rights I am

Printed Full Name Date

Previous Names (Maiden, etc.)

Sex Race Social Security Number Date of Birth

Current Address:

Previous Address(es) for the Past Five Years: (attach another page if necessary)

Signature Date notarized

My commission expires