



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: \_\_\_\_\_
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.)**

<b>Employer</b>	<b>Position</b>	<b>Dates Employed</b>

**10. Volunteer Experiences:**

<b>Organization/Business</b>	<b>Position</b>	<b>Dates Volunteered</b>

**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.**

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

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

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**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.**

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### **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.**

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**Signature**

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**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:** \_\_\_\_\_

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**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@8cap.org](mailto:montcalmcasa@8cap.org)**

## **AUTHORITY TO RELEASE INFORMATION**

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**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:** \_\_\_\_\_

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**Signature & Date**