



CASA of the APPALACHIAN JUDICIAL CIRCUIT  
VOLUNTEER APPLICATION FORM

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: (If different from above) \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE # \_\_\_\_\_ EVENING TELEPHONE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION/OCCUPATION: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE JUVENILE COURT? YES \_\_\_ NO \_\_\_  
IF YES, POSITION/OCCUPATION: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES?  
(Include service as a foster parent) YES \_\_\_ NO \_\_\_

LIST ANY VOLUNTEER EXPERIENCE AND HOW LONG:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY OTHER EXPERIENCE, EDUCATION OR TRAINING RELATED TO DEPENDENT CHILDREN AND FAMILIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A VALID GEORGIA DRIVER'S LICENSE? YES \_\_\_ NO \_\_\_

DO YOU OWN OR HAVE ACCESS TO A CAR? YES \_\_\_ NO \_\_\_

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?

---

---

CAN YOU MAKE A 2 (TWO) YEAR COMMITMENT TO THE CASA PROGRAM?

YES \_\_\_ NO \_\_\_

REFERENCES:

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

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

Please Be Sure To Provide Complete Contact Information For Each Reference.

PERSONAL INFORMATION:

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ ETHNIC ORIGIN: \_\_\_\_\_

CHILDREN AND AGES: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION OR OTHER TRAINING:

<u>NAME OF SCHOOL/PROGRAM</u>	<u>DEGREE</u>	<u>DATES ATTENDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPALACHIAN CASA IS HEREBY AUTHORIZED TO INVESTIGATE AND VERIFY ALL STATEMENTS MADE IN THIS APPLICATION AND TO CONDUCT ANY FURTHER INVESTIGATION IT DEEMS NECESSARY TO DETERMINE MY SUITABILITY AS A CASA VOLUNTEER. I UNDERSTAND THAT MY APPLICATION DOES NOT ASSURE ACCEPTANCE IN THE PROGRAM. I WILL BE RESPONSIBLE FOR ASSURING THAT MY REFERENCES RETURN THE REFERENCE REQUEST FORM TO APPALACHIAN CASA. I HAVE CAREFULLY CONSIDERED THE INFORMATION PROVIDED AND, IF ACCEPTED, WILL OFFER MY SERVICES AS A COURT APPOINTED SPECIAL ADVOCATE.

\_\_\_\_\_  
SIGNATURE DATE



COURT APPOINTED SPECIAL ADVOCATES  
Of The APPALACHIAN JUDICIAL CIRCUIT



**Pickens Sheriff's Office**  
**Georgia Crime Information Center**

*Consent Form*

I, the undersigned individual, hereby authorize the Office of the Sheriff of Pickens County, Georgia to release any criminal history record information pertaining to me which may be in the files of any federal, state, or local Criminal Justice Agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (purpose code M)
- Employment with elder care (purpose code N)
- Employment with children (purpose code W)
- Other (purpose code E)

One of the following must be checked:

- This authorization is valid for 90/180 (circle one) days from date of signature.