



APPLICATION FOR CASA PROGRAM
(please print or type)

Name: _____
(Last) (First) (MI)

Home address: _____

City: _____ County: _____ Zip: _____

Telephone #: (H) _____ (W) _____

(C) _____ (E-mail: _____)

Occupation: _____ (circle one) Full time Part time

Employer & length of employment: _____

Work Address: _____

City: _____ County: _____ Zip: _____

May we contact you at work? Yes _____ No _____

How did you hear about the CASA program?

Check any training or experience (practical, volunteer, or paid) in any of the following categories.

NOTE: None is required to be a CASA Volunteer.

___ Child Care ___ Mental Health ___ News/Media ___ Other:

___ Child Development ___ Counseling/Psychology ___ Writing/Editing

___ Child Welfare ___ Medicine ___ Public Speaking

___ Social Work ___ Education ___ Arts/Graphics

___ Personnel ___ Law ___ Fund Raising

___ Criminology or ___ Drug/Alcohol ___ Advertising/
Law enforcement Treatment Programs Public Relations

Please describe any of these experiences that might be applicable to CASA.

Please describe any other volunteer and community activities.

Do you have your own personal and reliable transportation? Yes _____ No _____
If no, what is your plan to visit children inside and outside of the metro Atlanta area?

Educational Background (highest level completed/year)

Are you currently enrolled as a student? If so where/anticipated completion date:

Marital Status: _____

Names/Ages of children: _____

Other languages spoken: _____

Have you ever worked for the Department of Family and Children Services? _____

Have you ever worked for the Juvenile Court? _____

Have you ever been a foster parent? Yes ___ No___ Currently? Yes___ No___

List **ANY** charges, arrests, and/or convictions, **other than traffic violations**, and list dates, county/state, and disposition of each (An applicant having a charge or conviction for a crime involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility is disqualified as a CASA volunteer. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA Program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.)

Have you or any immediate family member had any involvement with the Department of Family & Children Services, or an equivalent organization, in another state for child abuse or neglect? ___Yes ___No
If yes, explain:

Please name any hobbies or special interests that you enjoy:

When can you attend CASA training? Please check available times:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning							
Afternoon							
Evening							

Are there specific days when you cannot attend? _____

If so, why? _____

References: On this page, please list names and contact information of four persons who will be willing to provide referral information. (2 professional and 2 personal; family members not accepted) If currently employed, please list your supervisor first. Also, note that each person you identify will receive a reference form to complete and return to FCCASA.

1. Name _____ Occupation/Business _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

2. Name _____ Occupation/ Business _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

3. Name _____ Occupation/ Business _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

4. Name _____ Occupation/Business _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Daytime phone _____ Relationship _____

Please answer the following questions on a separate sheet of paper. Your answers may be handwritten or typed, double-spaced. (Two or three sentences each is sufficient)

1. Explain your interest in volunteering and how you hope to benefit from this volunteer experience.
2. Briefly explain why you want to be a CASA volunteer.
3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
4. Briefly explain what role you believe society should play in protecting children versus assisting a family in overcoming hardships in order to function and ultimately live together as one unit.
5. Please write a brief autobiographical statement.

GEORGIA APPLICANT PROCESSING SERVICE (GAPS) REGISTRATION INFORMATION FORM FOR FULTON COUNTY CASA

***IMPORTANT: PLEASE WRITE ALL INFORMATION LEGIBLY**

Last Name: _____

First Name: _____

Date of Birth: _____

State of Birth: _____

SSN: _____

Sex: _____

Race: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that the information requested will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate. I understand that this application does not ensure appointment as a CASA volunteer. I understand that completion of training does not guarantee that I will be assigned a case. After successful completion of my training, I further understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit a written resignation to the program director with as much advance notice as possible.

I am aware that I will be examining sensitive, confidential documents, reports and other material in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case at the Court or those who will be consulted for their professional knowledge or expertise. I will not divulge this confidential information to anyone else.

I hereby authorize Fulton County CASA and any law enforcement agency to receive any criminal history record information pertaining to me, which may be in files of any federal, state, or local criminal justice agency in the United States, and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and be received on a continual basis during the period of time that I am an active volunteer for the Fulton County Juvenile Court. (The following information must be complete and legible.)

Full Name (Please Print)

Signature

Date

Please return completed application to:
Fulton County CASA
Training Department
Fulton County Juvenile Court
395 Pryor St. #4116
Atlanta, GA 30312