

Dougherty CASA Volunteer Application

Please TYPE or PRINT legibly and complete entire application.

Date: _____

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

Home address: _____

County: _____ City: _____ State: _____ Zip: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

(circle one) Full-time OR Part-time Length of employment: _____

Work address: _____

City: _____ State: _____ Zip: _____

Telephone numbers:

Home _____ Work _____ Cell _____

May we contact you at work? Yes _____ No _____

Email address

Sex (circle one) Male OR Female Ethnicity _____

Emergency Contact Person-

Name: _____

Phone number: _____ Relation: _____

Referred: How did you hear about the CASA program? _____



Education – Please circle highest level completed:

Some High School / High School / Some College / College Graduate / Post-Graduate

Do you speak a foreign language? Yes _____ No _____

Language(s): _____

Check any training or experience (salaried or volunteer) in any of the following categories:
(NOTE: None is required to be a CASA Volunteer.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Mental health | <input type="checkbox"/> News/media |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Counseling/psychology | <input type="checkbox"/> Writing/editing |
| <input type="checkbox"/> Child welfare | <input type="checkbox"/> Medicine | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Social work | <input type="checkbox"/> Education | <input type="checkbox"/> Arts/graphics |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Law | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Criminology or law enforcement | <input type="checkbox"/> Drug/alcohol treatment programs | <input type="checkbox"/> Advertising/public relations |

Please describe any above experiences that may be applicable to CASA.

Please list volunteer service and length of service.

Have you ever worked for the juvenile court? Yes _____ No _____

Have you ever worked for the Dept. of Family & Children Services? Yes _____ No _____

Have you ever been a foster parent? Yes _____ No _____ Currently? Yes _____ No _____



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

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

If relevant, please list any specific days when you cannot attend:

Do you prefer to work with any particular age group? Yes _____ No _____

If yes, please list ages: _____

Do you have access to transportation? Yes _____ No _____

Please briefly answer the following questions. (Two to four sentences each is sufficient.)


Why do you want to be a CASA volunteer?

What role do 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?



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Draw a picture of anything:



References - Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 2 personal – *no family members, please*). If currently employed, please list supervisor first.

Reference #1

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Daytime # _____

Reference #2

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Daytime # _____

Reference #3

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Daytime # _____

Reference #4

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Daytime # _____





One purpose of the Lily Pad SANE Center, Inc. is to provide compassionate post sexual assault care and sensitive forensic interviewing of clients in order to collect and preserve quality evidence for successful sexual assault/ child sexual abuse prosecution.

I do hereby understand that the records of The Lily Pad SANE Center , Inc. its programs and any personal communications received by me in the course of my work or contact with The Lily Pad and its programs are strictly confidential.

I understand that any program, client, or facility information must not be divulged now or ever to any person(s) who have not signed this statement of confidentiality and/ or without the expressed signed authorization of the person(s) to whom this information refers.

I understand that violation of this pledge could compromise clients, staff, volunteers, and the mission of the Lily Pad and will result in immediate and permanent dismissal from the Lily Pad or its programs.

I, _____ have been advised of the above confidentiality policy of The Lily Pad.
(PRINT NAME)

It is my understanding that I am not in any way to discuss or divulge any confidential information, as defined herein, which I may come in contact with, either directly or indirectly, to any person other than those authorized by the Lily Pad.

Furthermore, it is my understanding that disclosure of any confidential information to any unauthorized person(s) may lead to criminal or civil sanctions against me by the individual client who is the subject of the information, and/ or by The Lily Pad.

PRINTED NAME

SIGNATURE

ADDRESS

DATE

CITY/STATE/ZIP CODE

WITNESS

PHONE NUMBER

DATE



I hereby authorize Dougherty CASA (Court Appointed Special Advocate), a division of Lily Pad, Inc, or official designee to conduct a criminal history background check by receiving and disseminating any criminal history background information for me which may e located in the files of any federal, state, and/or criminal justice agency as defined by GCIC (Georgia Crime Information Center) policy and procedure. This information shall only be used for determination of suitability as a Court Appointed Special Advocate of Dougherty CASA and may not be disseminated in any way to any other entity. I understand that if any information obtained by criminal history check adversely effects the decision of training in Dougherty CASA will be notified pursuant to **OCGA 35-3-33** of what information is and will be afforded an opportunity to respond to or correct any errors in said information. I understand that any information received will be maintained in the personnel files at Dougherty CASA. By signing this consent I state that I have never been convicted of any serious or combination of misdemeanors in the aforementioned courts that would tend to establish a pattern of disregard for the laws of any state of local jurisdiction of the United States.

Signed and Agreed to this _____ day of _____ 20_____

Full Name (printed)

Maiden Name

Current Street Address

City/State/ Zip Code

Date of Birth

Social Security

Race

Signature

Witness



**FINGERPRINT REGISTRATION: PLEASE PRINT
COMPLETE ENTIRE FORM: N/A IF NOT APPLICABLE**

| | |
|---|--|
| Last Name | |
| First Name | |
| Middle Name | |
| Suffix | |
| Date of Birth | |
| Place of Birth | |
| Social Security Number | |
| Sex | |
| Race | |
| Eye Color | |
| Hair Color | |
| Height | |
| Weight | |
| Country of Citizenship | |
| Driver's License Number (Copy of Lic.) | |
| Driver's License State | |
| Address | |
| City | |
| State | |
| Zip | |
| Phone | |



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 CASA and any law enforcement agency or other appropriate agency to receive any criminal history record information and state central registry information (from the Department of Family and Children Services) 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 CASA program.

I certify that the answers given in this application are true and complete to the best of my knowledge, and understand that if accepted into the program as a volunteer, any false or misleading statements on this application shall be grounds for dismissal.

Please complete the following information needed for background checks:

Full Name

Home Address

City State Zip

Sex Date of Birth: month/day/year Social Security Number

Please circle one: African American / Asian / Caucasian / Hispanic/ Other: _____

Signature Date

