



VOLUNTEER APPLICATION

I'm applying to:

<input type="checkbox"/> Become a CASA, a court-sworn volunteer advocate	<input type="checkbox"/> Join the Champions Team, a band of non-sworn community advocates raising awareness and support for CASA across the County	<input type="checkbox"/> Either or both!
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Full Name:	
Maiden Name , if applicable:	
Alias/Nickname:	
Date of Birth:	
Full Address:	
Dates of Residence:	
Previous Address:	
Dates of Residence:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Emergency Contact (name/number)	
Driver's License/State ID #*:	

*Please provide a copy of your driver's license with your application

Transportation options available to you:

__ Personal automobile __ Public transit __ Other _____

Language(s) spoken: _____

How did you hear about CASA?

What personal qualities do you have you feel will contribute to volunteering with us?

What skills, talents, or hobbies do you have that could assist in working with kids?

What other community activities are you involved in (including past and present volunteer service)?

Have you, or any member of your family, had any personal experience involving the legal system, Child Protective Services, foster care, or any other agencies offering services to a child? ___Yes ___No

Do you have any medical and/or physical conditions that would impair your overall physical ability and/or driving, thereby preventing you from visiting the assigned child(ren) or others associated with a potential CASA case? ___Yes ___No

Have you ever been convicted of a criminal act? ___Yes ___No

EMPLOYMENT INFORMATION

Are you currently employed?	
Occupation:	
Employer:	
Contact Person & Phone:	
Employer Address:	
Length of employment:	
May we contact this employer?	

If you are not currently employed or have been working for your current employer less than 1 year, list your last 2 employers:

Occupation:	
Employer:	
Contact Person & Phone:	
Employer Address:	
Length of employment:	
May we contact this employer?	

Occupation:	
Employer:	
Contact Person & Phone:	
Employer Address:	
Length of employment:	
May we contact this employer?	

REFERENCES

Please list 3 references of people unrelated to you. They should each know you well enough to describe your personality and work ethic.

1.) **Name:** _____
 Address: _____ Phone: _____
 How does this person know you? _____
 Does this person know you are identifying him/her as a reference? _____

2.) **Name:** _____
 Address: _____ Phone: _____
 How does this person know you? _____
 Does this person know you are identifying him/her as a reference? _____

3.) **Name:** _____
 Address: _____ Phone: _____
 How does this person know you? _____
 Does this person know you are identifying him/her as a reference? _____

When completed, please return this form to:

Kelly Kucinich, Director, Kalamazoo County CASA Program
kakuci@kalcounty.com or 1536 Gull Road • Kalamazoo, Michigan 49048