



## Lackawanna County CASA Volunteer Application

The information on this form will help us assess your qualifications to serve as a CASA volunteer. Please read the directions carefully and complete **all** sections of the form. Information provided by you is confidential. If your application is accepted, CASA Program staff will contact you to schedule a personal interview.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Any Previous Names (including Maiden): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Is your primary interest in the CASA Program becoming a volunteer? \_\_\_\_\_

- If your primary interest in the CASA Program is **not** in becoming a volunteer, or
- You are not 21 years of age or older, or
- You cannot commit to the time requirements of the program right now, would you be interested in any of these other areas to support the CASA Program?

Special Events \_\_\_\_\_  
Office Assistance \_\_\_\_\_



Do you have any special talents you would like to share (computer knowledge, media contacts, corporate sponsors, decorating for receptions, etc.)?

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How long have you lived in Pennsylvania? \_\_\_\_\_

If you have resided in another state(s), please list previous addresses:

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Name of Spouse/Significant Other: \_\_\_\_\_

In case of an emergency, call: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Do you drive? \_\_\_\_\_ Do you have access to a car? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Car Insurance Company: \_\_\_\_\_

Are you currently Employed? \_\_\_\_\_ Your position/job title: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Because of the need for a volunteer to attend court hearing during business hours, is your work/employer flexible to meet this requirement? Please explain how you would meet this requirement.

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Please list any Education or Special Training:

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Do you speak any languages other than English? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

In the past year, have you had any of the following?

1. PA. Child Abuse History Clearance? \_\_\_\_\_ Date: \_\_\_\_\_
2. PA State Police Request for Criminal Record Check? \_\_\_\_\_ Date: \_\_\_\_\_
3. FBI Check? \_\_\_\_\_ Date: \_\_\_\_\_

Have you **ever** been convicted of a crime (misdemeanor and/or felonies)? \_\_\_\_\_

If yes, what crime: \_\_\_\_\_

Date of arrest: \_\_\_\_\_ Where: \_\_\_\_\_

***Any applicant found to have been 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 the CASA Program's credibility will not be considered for the CASA Volunteer Program.***

Can you think of any reason why the judge would be reluctant to appoint you to a case? \_\_\_\_\_

If yes, why? \_\_\_\_\_

As a CASA volunteer, will you be able to participate in on-going training and court appearances?

\_\_\_\_\_

Can you see yourself visiting with a family in their home, or with a child in an alternative setting, i.e., foster home, group home, or residential placement?

\_\_\_\_\_

Meaningful Past Volunteer/Work Experiences:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Present Volunteer/Work Activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Write a brief statement on why you have chosen to volunteer specifically with CASA at this particular time:

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What do you feel your strengths are that you will bring to the program?

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What are your primary concerns about becoming a volunteer in the program?

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Please describe if you, your family, or friends, have any personal or work-related experiences with the following:

1. Child Welfare:

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2. Juvenile Court System:

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3. Foster Care:

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4. Other:

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## *References*

Please list three references of people you know well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. Please print all information, as we will need to contact your references.

1. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Email (If Known)

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Email (If Known)

3. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Email (If Known)