

Washtenaw County Trial Court Juvenile Division

CASA VOLUNTEER APPLICATION FORM

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

PART I - PERSONAL

Name			
Address			
Soc. Sec. No:			Date of Birth:
Home Phone:	Work Phone:	Fax:	E-mail

Please list any other names you have used (maiden name, previous marriage, etc.)

Please list all states where you have resided as an adult

EDUCATION

	Name/Location	Dates Attended From – To	Degree/Diploma Received
High School			
College			
Post Graduate			
Other			
Additional training or education (Please describe)			

WORK EXPERIENCE

Write P for paid or V for volunteer work experience

<i>Employer Address and Phone</i>	Dates Employed (month/year) From To	Paid or Volunteer	Job Position	Reason for Leaving

ACTIVITIES, INTERESTS AND SKILLS

List current activity with any community service organizations, social or fraternal organizations, and clubs

Name	Purpose/Activities of Organizations

List your hobbies or special interests:

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List any special skills that you have acquired through education, employment, volunteer service, or life experience.

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OTHER

How did you hear about the Juvenile Division CASA Program?

Are you fluent in any language other than English? No Yes: Language:

Have you ever been convicted of a crime in this or any other state? No Yes

If yes, please indicate which state and explain:

Have you ever been involved in a Court proceeding in this or any other state? No Yes

If yes, please indicate which state and explain:

Have you ever been a client of a Child Welfare agency in this or any other state? No

Yes

If yes, please indicate which state and explain:

Have you ever received or been recommended for treatment or counseling for drugs, alcohol, mental health, family, psychiatric, or psychological problems? No Yes

If yes, please indicate which state and explain:

Please list the names, address, and telephone number of three references that we may contact. References should be recent and may not be related to you.

NAME	ADDRESS	PHONE

PART 2

Please answer the following questions in paragraph form on a separate sheet of paper.

1. Briefly describe your experience working with children.

2. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.

3. Briefly explain what led to your decision to apply for a position in the CASA Program?

4. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.

5. Briefly explain what role you believe society should play in protecting the rights of children, helping a family overcome hardships and remain living together as one unit.

6. Please write a one page autobiography.

**BEFORE SIGNING, PLEASE READ THE FOLLOWING STATEMENTS
CAREFULLY:**

1. I understand that screening for this program will include a review of my application, a records check, a DHS records check, a criminal records check (including motor vehicles), personal reference checks, and a personal interview.

2. I understand that the program reserves the right to reject applicants that it deems to be inappropriate. This includes, but is not limited to 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. I certify that this application is true and complete. Any false information may result in rejection of this application or termination from the CASA Program.

3. I certify that this application is true and complete. Any false information may result in rejection of this application or termination from the CASA Program.

Signature	Date

Please return completed form to:

CASA Coordinator
Washtenaw County Trial Court-Juvenile Division
2270 Platt Rd.
Ann Arbor, MI 48104

WASHTENAW COUNTY CASA PROGRAM

As part of the volunteer application process, the Washtenaw County CASA program requires that all potential volunteers provide the court with a statement certified by the Department of Human Services that you have no history of involvement in a case of child abuse or neglect.

To do this, you are required to sign your name and date of birth on the bottom half of this form along with your home address. You will also need to include a self-addressed stamped envelope.

When the investigation is complete, you will be notified in writing. Please forward this notification to the Washtenaw County CASA Coordinator.

To the Department of Human Services, Children's Protective Services:

I request that you provide me with the documentation that I have not been placed on the central registry for substantiated abuse or neglect as defined by Michigan Compiled Laws.

Name: _____

(Printed)

Also known as (Aliases, Maiden Name, Previous married Name(s))

(Printed)

Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____ Social Security # _____

Drivers License Number: _____

Signature: _____ Date: _____

Daytime Phone # : (____) _____

ATTACH A SELF-ADDRESSED STAMPED ENVELOPE AND MAIL TO:

Supervisor, Children's Protective Services
Department of Human Services
22 Center Street
Ypsilanti MI 48198