



**HALL-DAWSON COURT APPOINTED SPECIAL ADVOCATE  
VOLUNTEER APPLICATION FORM**

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Name Used)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

CELL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

GENDER\* \_\_\_\_\_ ETHNIC ORIGIN\* \_\_\_\_\_ (\*For statistical reporting purposes & to verify age)

BIRTHDAY\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_ Partner's Name \_\_\_\_\_

Children & Ages \_\_\_\_\_

- 1) Have you lived in Georgia for the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please list all other states where you resided during the last 5 years: \_\_\_\_\_
- 2) Do you or any family members have any experiences related to the Department of Family & Children Services? (If yes, please explain) \_\_\_\_\_
- 3) Have you ever been arrested and/or charged with any violation of law other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_ (A conviction does not necessarily disqualify you from the Volunteer program) If yes, please explain \_\_\_\_\_
- 4) Do you have a car for travel purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ (Required)
- 5) Do you have a valid GA Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ License number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- 6) Have you ever sought treatment or are you currently in treatment for mental health issues (Including substance abuse)? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Please list any special nutritional needs (for training meals): \_\_\_\_\_

**EMPLOYMENT / VOLUNTEER EXPERIENCE:**

CURRENT EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WORK PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ POSITION/OCCUPATION \_\_\_\_\_

1) Have you ever worked for the Department of Family & Children Services? (Including as a Foster Parent)

Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

2) Have you ever worked for the Juvenile Court? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

3) List any volunteer experiences, and length of time for each \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4) How did you hear about the CASA Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5) Why do you want to volunteer for CASA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6) Please check all areas of interest in the CASA Program:

CASA Volunteer \_\_\_\_\_ Fundraising/Event Support \_\_\_\_\_ Marketing \_\_\_\_\_ Newsletter \_\_\_\_\_

Hospitality/Planning \_\_\_\_\_ Public Relations \_\_\_\_\_ Clerical Work (office, phone, etc.) \_\_\_\_\_

7) **ESSAYS OF INQUIRY** - On an attached sheet of paper, please answer the following questions:

A. What role do you feel society/government should play in protecting children?

B. What is your philosophy of parenting, including the rights and responsibilities of both the parents and children?

**EDUCATION / TRAINING:**

	<u>Name of School</u>	<u>Diploma/Certificate</u>	<u>Date Completed</u>
High School/G.E.D.:	_____	_____	____/____/____
Associate/Technical:	_____	_____	____/____/____
College (BA/BS):	_____	_____	____/____/____
Post-Graduate:	_____	_____	____/____/____

1) Do you speak any languages in addition to English? Yes \_\_\_\_\_ No \_\_\_\_\_

What languages? \_\_\_\_\_

2) List any other experiences, education, or training related to children and families \_\_\_\_\_

\_\_\_\_\_

**REFERENCES: Two (2) Personal (non-family) References and Two (2) Professional References.  
Complete Contact Information must be provided on all references.**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I understand that inquiries will be made as to my suitability as a CASA Volunteer, and I consent to a criminal records check. The Hall-Dawson CASA Program, Inc. will reject 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 other acts that would pose risks to children or the integrity of the Hall-Dawson CASA Program, Inc.**

**I will also be responsible for assuring that my references return the written reference request form to the CASA program. I further understand that application does not ensure acceptance in the program. I have carefully considered the roles and responsibilities of a CASA Volunteer. I verify that all the information contained in this application is true and correct to the best of my knowledge.**

**Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**CASA Volunteers are not allowed to transport clients under any circumstances.**

You may mail, fax or e-mail this form to:

Hall-Dawson CASA Program, Inc.  
P.O. Box 907471  
Gainesville, GA 30501  
halldawsoncasa@halldawsoncasa.org  
Phone: (770) 531-1964 / Fax: (770) 534-5851