

I. General Information

First Name: _____ Middle: _____ Last: _____

Maiden Name: _____ Sex: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check Preferred #: ☐ Mobile#: _____ ☐ Home/Other #: _____

Times Easily Reached: _____

Fax: _____ Email: _____

Date of Birth: _____ Years in State: _____ Years in County: _____

Check Preferred Method of Contact: ☐ Phone ☐ Email ☐ No Preference

II. Employment

Present Employer: _____ How Long?: _____

Business Address: _____

Job Title: _____ Business Phone: _____

May we call you at work? ☐ Yes ☐ No Times Easily Reached: _____

Does your job require travel? ☐ Yes ☐ No

Please list three most recent employers (include firm, address, supervisor, dates and reason for leaving).

1.

2.

3.

Make/Model of Car: _____ License Tag #: _____

Do you have a valid TN Driver's License? ☐ Yes ☐ No

Driver's License Number: _____ Expiration Date: _____

Do you have liability insurance? ☐ Yes ☐ No Insurance Provider: _____

III. Experience

Education Level Completed: _____

Special Skills, Training, Hobbies: _____

Professional, Civic, Social Affiliations:

Military Service (If Applicable):

Time Served: _____ Branch: _____ Rank: _____

Type of Discharge: _____ Date: _____

Volunteer Experience:

How did you become aware of CASA? _____

What would be some of your strengths and weaknesses as a CASA volunteer?

Please list CASA staff, board members, or volunteers with whom you are acquainted:

Have you had any professional/personal experience with any of the following? (Please explain):

Department of Children's/Human Services: ☐Yes ☐No

Knox County Juvenile Court or any other Juvenile Court: ☐Yes ☐No

This CASA Program or any other CASA Program: ☐Yes ☐No

Foster Care: ☐Yes ☐No

Other agencies offering service to children: ☐Yes ☐No

If "yes" to any of the above, please explain:

Have you ever been accused, arrested, or convicted of a crime?

☐Yes

☐No

If "yes," please explain:

Have you ever had your driver's license revoked or suspended?

☐Yes

☐No

If "yes," please explain:

Are you currently involved in a custody dispute?

☐Yes

☐No

If "yes," please explain:

Have you ever had any personal experience with mental health concerns or been close to someone who has?

☐Yes

☐No

If "yes," please explain:

Describe any experiences you have had working with children:

What changes do you anticipate in your job or family within the next year?

Do you sincerely feel that you can commit yourself to the program for at least one year and spend 1-4 hours each month with the child to whom you are assigned?

☐Yes

☐No

With advance notice, will your schedule permit you to appear in court? ☐Yes ☐No

Do you agree to a criminal background check/child abuse check to be completed in any county/state where you have resided? ☐Yes ☐No

Any applicant found to have been convicted of, or to have pending charges for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or this program's credibility will not be accepted into the program.

IV. Emergency Contact

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Phone: _____

V. References

Please list four **non-relative** personal references who know you well enough to answer specific questions. *In most instances we will send questionnaires to your references via email, so please be sure to include email address, as well as other requested contact information.*

(Note: You must have at least three (3) positive responses on file to be invited to train.)

1. Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email Address: _____

2. Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email Address: _____

3. Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email Address: _____

4. Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email Address: _____

VI. Please answer the following questions:

What motivates you to apply to volunteer with this program?

How would you define child abuse?

Why do you think parents would abuse their children?

What is your personal history or experience with child abuse?

VII. Demographic Information (For reporting purposes only.)

Race:			
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Student	
Career Type:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other Education Professional	
	<input type="checkbox"/> Other Legal Professional	<input type="checkbox"/> Health Care Professional	
	<input type="checkbox"/> Government/military	<input type="checkbox"/> Attorney	
	<input type="checkbox"/> Other:		

VIII. Acknowledgement

The undersigned acknowledges and agrees that:

- 1 He/she is not obligated, if called upon, to perform volunteer services herein applied to perform.**
- 2 As a part of CASA's screening process, professional agency personnel will elicit additional personal information from the applicant, which includes implementing a background check.**

I certify that I am the above individual and understand that falsification of any information given to CASA of East Tennessee, Inc. could invalidate my participation in the program.

Signature: _____ Date: _____

Please return this application via email, fax, or mail to:

CASA of East Tennessee, Inc.

PO Box 10752 • Knoxville, TN 37939

volunteer@casaoeasttn.org • Fax 865-329-3311