



**VOLUNTEER APPLICATION**

*The following information will be kept strictly confidential.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names and Ages of Children: \_\_\_\_\_

Are you currently employed:  Yes  No If Yes,  Fulltime or  Part time

Present Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Education: Name Location Degree/Year Graduated

High School: \_\_\_\_\_

Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Other: \_\_\_\_\_

Volunteer Experience (*Membership in clubs, faith communities, professional groups, etc.*):

Organization Dates Involved Type of Experience

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have you lived outside of New York State in the past five (5) years:  Yes  No

Are you prepared to complete 40 hours of pre-service training during business hours; and a minimum of twelve hours per year of in-service training?  Yes  No

Does your schedule permit you to attend meetings and court hearings during the work day?  Yes  No

Are you prepared to commit to at least one year of volunteer service?  Yes  No

Languages spoken, other than English \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

Have you at any time during your lifetime been arrested or convicted of a crime:  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved with the child protective system or family court?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you consent to a routine check of criminal records?  Yes  No

Please list three references of people who know you well, other than relatives. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Genesee County CASA for Children and any law enforcement agency they authorize, to investigate my background, including a Criminal History Record Search and a search of the State Central Child Abuse Register. I understand that my application may be rejected if I am 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 to the CASA Programs credibility.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of CASA and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed and signed application to:

Genesee County CASA for Children  
1 West Main Street Batavia NY 14020  
Tel: (585) 344-2550 x2331 Fax: (585) 344-8520  
Email: tpariso@co.genesee.ny.us