



CASA Volunteer Application

CASA of East Central Wisconsin
PO Box 721
812 Washington Street, Manitowoc, WI 54221
Director: Julie Ribley
Ph: 920-242-6727

APPLICANT INFORMATION

Last Name	First Name	Middle
Street Address		Apartment/unit #
City	State	Zip
Telephone (home)	(cell)	(work)
E-Mail address		Social Security #
Position(s) interested in:		
Days/ Times available during the week		
Have you ever been convicted of a crime or are there any charges currently pending? <u>Yes</u> <u>No</u>		If yes explain

EDUCATION

High School:	Address:		
From:	To:	Did you Graduate? <u>Yes</u> <u>No</u>	Degree:
College	Address:		
From:	To:	Did you Graduate? <u>Yes</u> <u>No</u>	Degree:
Other:	Address:		
From:	To:	Did you Graduate? <u>Yes</u> <u>No</u>	Degree:
Other:	Address:		
From:	To:	Did you Graduate? <u>Yes</u> <u>No</u>	Degree:

PREVIOUS VOLUNTEER EXPERIENCE

Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:
Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:
Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:
Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:

MILITARY SERVICE

Branch	From:	To:
Rank at Discharge:		
If other than honorable discharge, explain:		

--

EMERGENCY CONTACT

Name
Relationship
Address
Phone

VEHICLE INFORMATION

Do you have a driver's license? <u>Yes</u> <u>No</u>	
If no what is your plan for transportation?	
Do you have a vehicle? <u>Yes</u> <u>No</u>	Do you have vehicle insurance? <u>Yes</u> <u>No</u>

PERSONAL STATEMENT

Please use the space below to provide a brief biography of yourself, why you are interested in volunteering and what qualifications or skills you possess that apply to the position.

DISCLAIMER AND SIGNATURE

I understand that CASA cannot accept any volunteer applicants found to have been convicted of or having charges pending for a misdemeanor or felony sex offense, child abuse or neglect or acts that might pose a risk to children or CASA's credibility. CASA reserves the right to refuse any volunteer applicant for any reason. I certify that my answers are true and complete to the best of my knowledge. I understand that all application material is confidential and becomes the property of CASA.
--

Signature	Date
-----------	------

References (two employment or volunteer related, two personal not relatives)

1	<u>Name:</u>	<u>Relationship:</u>	<u>Years known:</u>
	<u>Address:</u>		

Phone: _____

2 Name: _____ Relationship: _____ Years known: _____
Address: _____
Phone: _____

3 Name: _____ Relationship: _____ Years known: _____
Address: _____
Phone: _____

4 Name: _____ Relationship: _____ Years known: _____
Address: _____
Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Telephone (Home): _____ (Work) _____ (Cell)

AFFIRMATION

Please complete the following statement, sign and date at the bottom

I, _____, affirm the information provided on this application is true and correct. I understand the information contained herein will be kept confidential and will only be used to determine suitability to serve as a Volunteer for the CASA program.

I authorize the CASA program to investigate my background to determine my suitability to serve as a Volunteer for the CASA Program.

Signature

Date



812 Washington Street, P.O. Box 721, Manitowoc, WI 54221
Phone: 920-242-6727

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of CASA to conduct an investigation of my background within two years of the date of this authorization. The investigation may include but is not limited to: national, state, local and federal criminal records checks, any police department or law enforcement entity, state / national sex offender registry, traffic / motor vehicle transcripts, social security screen, character references, employment references, insurance verification, professional disciplinary board records, child protective service reports and state central child abuse registries.

I authorize any representative of CASA to receive the results of the above background checks. I further authorize CASA to release the results of any background and criminal history check to any program within CASA to which I am being considered or am an active volunteer.

I understand that the information obtained is for official use of CASA and that all results become the property of CASA.

I have read and understand that a criminal background check is a condition of my participation as a volunteer at CASA.

A photocopy of this authorization will have the same force and effect as the original document.

Full Name (please print): _____ Date of Birth: _____

Previous Name(s): _____ Male Female

Social Security #: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Current Address: _____

Previous Address (past 5 years): _____

I have read the above release statement and understand what rights I am waiving by signing this document.

Signature: _____ Date: _____

--For Open Records Usage Only--

Name of Agency: _____ Name of Representative: _____

- If applicant has no record, please check here, sign and date: _____
- If applicant has a record, please check here, attach record, sign and date: _____