



CASA of East Central Wisconsin Volunteer Application

PO Box 721
501 N 10th Street, Suite B
Manitowoc, WI 54221

Claire Feldmann
Advocate Coordinator
920-323-8141

Julie Ribley
Executive Director
920-242-6727

APPLICANT INFORMATION

Last Name:	First Name:	Middle:
Street Address:		Apartment/unit #
City:	State:	Zipcode:
Phone (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? Yes No	Degree:
College:	Address:		
From:	To:	Did you graduate? Yes No	Degree:
Other:	Address:		
From:	To:	Did you graduate? Yes No	Degree:
Other:	Address:		
From:	To:	Did you graduate? Yes No	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:

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 CASAECW.

Signature: _____

Date: _____

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

1 Name: Relationship:

Address:

Phone: _____

Years known: _____

2 Name: Relationship: Years known:

Phone:

Name:

Relationship:

Years known:

Address:

Phone:

Name:

Relationship:

Years known:

Address:

Phone:

Address:

3

4

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone (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 Advocate for the CASA Program.

Signature

Date

Updated 9/2022 DK



P.O. Box 721, 501 N 9th Street - Suite B, Manitowoc, WI 54221

Phone: 920-323-8141 **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 _____

#: _____ State: _____ Expiration Date: _____

Driver's _____

License #: Current

Address: _____

Previous Addresses (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: _____