



## Volunteer Application Packet

Please complete the application and answer all the questions. Return the completed application, references, and background check authorization, along with a copy of your automobile proof of insurance to:

Attn: CASA Advocate Supervisor  
CASA/GAL Oceana County  
PO Box 1, Hart, MI 49503  
or email to: [bdemeter@fountainhillcenter.com](mailto:bdemeter@fountainhillcenter.com)

### PURPOSE AND USE OF THIS APPLICATION INFORMATION

Thank you for your interest in working as a volunteer with CASA (Court Appointed Special Advocates) of Oceana County. Volunteers are essential for advocating for abused and neglected children as they work their way through the court system. The work is rewarding and meaningful to both the volunteer and child. Volunteers are expected to be professional, dependable, and punctual.

The questions in this application are to preliminarily assess your qualifications to be a CASA volunteer. The information requested will provide a basis for evaluating your qualifications as a volunteer. The information included in the Criminal Record/Treatment History Section is essential to determine final approval of your application. The Criminal Record Section is not an automatic barrier to final acceptance. It will be assessed and discussed with you regarding its relevance as a CASA volunteer. A fully completed application is requested to expedite the application process.

### INFORMATION DISCLOSURE

As an applicant, your name, job history, education, training, and work availability are public information. In addition, as a volunteer, your name, job title, job description, dates of volunteering, and monthly reports may be made public. All other data about you remains private and will not be shared without your written permission. The program will reject any applicant found to have been convicted of, or having charges pending for a felony, or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility.

# VOLUNTEER APPLICATION

Please type or write legibly using black ink. Complete all pages of the application to be considered.

## Personal Information

First Name	Middle Name	Last Name	
Address		City	State Zip Code
Email		Date of Birth	Gender <input type="radio"/> Male <input type="radio"/> Female
Home Phone ( <input type="checkbox"/> preferred contact)	Cell Phone ( <input type="checkbox"/> preferred contact)	Work Phone ( <input type="checkbox"/> preferred contact)	
Primary Language		Secondary Language	
Social Security Number (required for background checks)		Driver's License	
Some volunteer duties require the use of a car. You are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage. Do you own a car with liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List Maiden Name and/or other names you have been known by:			
Have you lived in a state other than Michigan in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?			

## Emergency Contact

Name	Relationship	Phone Number
------	--------------	--------------

## Education

High School	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Degree	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Degree	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment—Please begin list with current or last employer.**

Current Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		
Employer	Position	Dates Employed

**Volunteer Experience**

Organization/Business	Position/Description	Dates

**Additional Questions**

Why do you want to volunteer?

Please list any areas of interest or knowledge and hobbies or special skills that you could offer as a volunteer.

What experience or knowledge of children and families do you have to assist you in determining what may be in a child's best interest? (i.e., parenting, childcare, education, or work experience).

Have you had any experiences with social service agencies such as a staff person, a foster parent, volunteer, or client?  
 Yes    No If yes, please describe:

Have you had any experience dealing with the juvenile or family court system or child protective services?  
 Yes    No If yes, please describe:

How could the child welfare system do a better job of protecting children?

How many total hours per week are you available to dedicate to this role?

Were you abused or neglected as a child?  Yes  No If yes, please explain.

Have you ever been accused of abusing or neglecting a child?  Yes  No If yes, please explain.

Have you ever been involved in a relationship that included domestic violence?  Yes  No If yes, please explain.

Have you ever been in any type of court proceeding at the District, Probate, Circuit or Supreme Court level?  
 Yes  No If yes, please explain.

Have you ever struggled with any substance abuse issues?  Yes  No If yes, please explain.

Please list any additional information you feel would be helpful in assessing your application.

### Criminal Record

The information requested in this section is essential to conduct the record check and is required to be accepted into the program. If you choose to withhold this information, you will not be accepted into the program.

Have you at any time had any contact with law enforcement?  Yes  No If yes, please explain:

Dates	Outcome

## References

Please list three personal references that can attest to your character skills and dependability. One reference should be a supervisor if employed. Other examples might be a minister, teacher, therapist, co-worker, etc. Please do not use family members. References will be contacted.

Name		Relationship	
Address			
City	State		Zip Code
Phone		Email	

Name		Relationship	
Address			
City	State		Zip Code
Phone		Email	

Name		Relationship	
Address			
City	State		Zip Code
Phone		Email	

## Background Check Authorization

*To ensure the protection of children in the care of the State of Michigan being advocated for by the CASA of Oceana County, CASA of Oceana County requires that all potential volunteers complete a criminal and civil background check.*

*CASA of Oceana County reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information,*

*or information contradicting to the background check information, is grounds for immediate denial.*

I hereby authorize a representative of CASA of Oceana County to investigate my background in conjunction with their official duties. I further authorize any law enforcement agency to conduct a criminal record check and to release the results of said criminal records check to CASA of Oceana County. The background check will also include the Child Abuse Central Registry, Sex Offender Registry, and a motor vehicles division record check. This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for the official use of CASA of Oceana County.

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

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

### Acknowledgement

I declare that all the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in separation at a later time. I understand that a Court Appointed Special Advocate is an at-will volunteer position.

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

***Please bring a copy of your driver's license and proof of automobile insurance to your pre-interview.***

Please return completed application package to:  
Attn: CASA Advocate Supervisor  
CASA/GAL Oceana County  
PO Box 1, Hart, MI 49503  
or email to: [bdemeter@fountainhillcenter.com](mailto:bdemeter@fountainhillcenter.com)