



**MUSKEGON COUNTY CASA PROGRAM**  
**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

OK to call at work? Yes No Best time to call? \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Marital Status (please circle): Single Married Divorced Widowed

List maiden name, aliases, previous married name(s): \_\_\_\_\_  
\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children and Ages: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Drivers License: Yes No License Number: \_\_\_\_\_

Some volunteer duties may require the use of a car. Do you have a car available to you for this work? Yes No

Do you have any medical or driving problems which could prohibit making regular visits to assigned cases? Yes No

How did you hear about this program? \_\_\_\_\_  
\_\_\_\_\_

Educational level attained: \_\_\_\_\_

Have you lived and/or worked in a state other than Michigan in the past 5 years? If yes, which state(s)?

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Employment Experience (most recent first, use additional paper if necessary):

<u>Employer</u>	<u>Position</u>	<u>Dates Employed</u>
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Volunteer Experience (most recent first, use additional paper if necessary):

<u>Agency or Employer</u>	<u>Position</u>	<u>Dates Volunteered</u>
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Other activities you are currently involved with:

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Knowledge or experience with children:

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Skills, talents, and/or hobbies you could share with children: \_\_\_\_\_

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Please list any strong interests, knowledge areas, hobbies or special skills which you could offer as a volunteer.

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Why do you want to volunteer? \_\_\_\_\_

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What rewards do you anticipate from volunteering?

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Have you had any experience dealing with the juvenile or family court systems? If yes, please explain.

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Have you or your family been personally involved with protective services? If yes, please explain.

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Have you ever been convicted of a criminal act? If yes, please explain.

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Have you ever been under the care of a psychologist, psychiatrist or psychiatric institution? If yes, please explain.

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List Three Non-Family Personal References who can assess your employment, volunteer experience, and/or provide a character reference. Please give their name, address, phone number and identify their relationship to you.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

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Training usually takes place a couple nights during the week from 5:30 p.m. to 8:30 p.m. Will these times work for you?

Yes  No  If no, which times do not work \_\_\_\_\_

The primary concern of The Muskegon County CASA Program is the safety and well-being of children brought before the court because of neglect or abuse. To fulfill this role, the Program must screen volunteers very closely. The Program must not only check personal references, but also complete a police agency computer search and in some cases, ask for material from other state or local agencies. The Program reserves the right to reject a volunteer applicant if the applicant refuses to sign a release of information for appropriate law enforcement and other reference checks. In addition, the Program reserves the right to deny admittance to the volunteer program if at any time it is believed that a person may not uphold the highest standards of honesty, integrity and performance.

It is The Muskegon County CASA Program's policy to reject a volunteer applicant if they are 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 risk to children or the Program's credibility. Your signature below indicates your understanding of this concept as well as your agreement to the Program completing a thorough background check.

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or result in dismissal from the Program at a later date.

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(Signature)

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(Date)

***THE INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL***