

**CLAY COUNTY FAMILY COURT  
CASA VOLUNTEER APPLICATION**  
(Print out app and mail to: CASA - 351 E. Kansas, Liberty MO 64068)

Name: \_\_\_\_\_  
(last) (first) (middle) (maiden)

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

If less than 3 years your previous address

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Pager or Cell Phone \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

\_\_\_\_\_

**Employment (Present and/or last position)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Briefly list your job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experiences**

Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Briefly describe a rewarding experience you had during the time that you volunteered for this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(city) (state) (zip)

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Briefly describe a rewarding experience you had during the time that you volunteered for this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Special Skills**

Describe the skills, talents, and/or special training you possess that you believe would be an asset to the CASA Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Brief Questions About Yourself**

Can you make a commitment to this Program for at least one year?

If no, please explain: \_\_\_\_\_

### **Do you have the following?**

Your own transportation: \_\_\_\_\_ Liability Insurance: \_\_\_\_\_

Valid Driver's License: \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What are some your Hobbies/Interests? \_\_\_\_\_

How did you hear about the Clay County CASA Program? \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?  
Yes                      No

**Personal References**

Please list two (2) professional and/or personal (not including relatives) references with complete address and phone number. (REFERENCES WILL REMAIN CONFIDENTIAL)

# 1 - Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

# 2 - Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anything else you'd like us to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I assert that the information contained herein is, to the best of my knowledge, true and correct. I understand falsification herein will render my application void.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI  
FAMILY COURT DIVISION  
CLAY COUNTY CASA PROGRAM

Permission to Contact References  
and  
Complete Background Investigation

I hereby give permission to the Clay County CASA PROGRAM to inquire about my qualifications and/or character by:

- Contacting Personal References named in Volunteer Application
- Contacting present and/or past employers
- Contacting present and/or past organizations for which I have performed volunteer services
- Completing a background check with the Missouri Child Abuse/Neglect Hotline Central Registry

Further, I understand that the Clay County CASA Program will complete a background investigation on me through the Clay County Sheriff's Department or other appropriate and necessary law enforcement agency.

INFORMATION NEEDED FOR CRIMINAL RECORD INVESTIGATION

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

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

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Aliases or other names used (maiden): \_\_\_\_\_

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Signature of Applicant

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Date