

**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: _____

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): _____

Signature of Applicant

Date

