



CASA OF MEMPHIS AND SHELBY COUNTY, INC.  
868 N. Manassas St. ♥ MEMPHIS ♥ TN ♥ 38107  
(901) 522-0200 ♥ Fax (901) 522-0201

**VOLUNTEER APPLICATION (Please print clearly or type)**

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Times easily reached: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you be called at work (please check yes or no)? Yes No  
If yes, times easily reached \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ (please indicate zeros as Ø)

Years in area? \_\_\_\_\_ If less than 10 years, please provide all previous addresses (list on separate page if necessary):

Previous Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex (Please check): M F

Ethnicity (Please check one): African American Caucasian Mixed Other  
Asian American Hispanic/Latino Native American

Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ If married, spouse's name & occupation:  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have school age children? \_\_\_ Yes \_\_\_ No If yes, school(s) currently attending: \_\_\_\_\_

In an emergency contact: Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(Please check) Do you drive? \_\_\_ Yes \_\_\_ No Do you have an automobile available to you? \_\_\_ Yes \_\_\_ No

What is the current status of your health? \_\_\_\_\_

Special skills, training, hobbies: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Professional/civic/social affiliations: \_\_\_\_\_

**YOUR EDUCATION (check highest completed)**

High School: 9 10 11 12 GED College: 1 2 3 4 Graduate: 1 2 3 4

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Alumni of (please enter name of college): \_\_\_\_\_

Are you presently enrolled in school (please check yes or no)? \_\_\_ Yes \_\_\_ No If yes, name of school and course of study: \_\_\_\_\_



**VOLUNTEER APPLICATION (Please print clearly or type)**

**WORK/VOLUNTEER HISTORY (Use another sheet if necessary)**

1. Name and Address of present or last employer or volunteer project:

\_\_\_\_\_  
Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

2. Name and Address of present or last employer or volunteer project:

\_\_\_\_\_  
Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

3. Name and Address of present or last employer or volunteer project:

\_\_\_\_\_  
Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

4. Name and Address of present or last employer or volunteer project:

\_\_\_\_\_  
Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

**PERSONAL REFERENCES NOT RELATED TO YOU (Four References Required)**

**(If you are employed, one reference should be from your employer)**

**(Please print clearly or type all information with address to include city state and zip code.)**

1. Name \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



**VOLUNTEER APPLICATION (Please print clearly or type)**

How did you become aware of CASA? \_\_\_\_\_

Describe any experiences you may have in working with children: \_\_\_\_\_

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Write a brief paragraph on why you have chosen to work with CASA at this particular time in your life:

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Please number in order of priority your areas of interest in CASA:

- Work directly with investigation, interviews and testifying in court as a CASA volunteer  
 Office work (typing, telephoning, mailing, filing, etc.)  
 Other Services

Please check the areas of Other Services you would like to assist in:

- Speaker's bureau       Fund Raising       Newsletter       Hospitality  
 Public Relations       Special Events       Other (please specify) \_\_\_\_\_

Approximately how much time can you contribute weekly as a CASA volunteer? \_\_\_\_\_

With advance notice, will your schedule permit you to appear in court during the day?    \_\_\_ Yes    \_\_\_ No

If No please explain:

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**VOLUNTEER APPLICATION (Please print clearly or type)**

**Have you had personal or professional experience involving (Please check yes or no):**

Child abuse or neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Department of Human Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Juvenile Court system	<input type="checkbox"/> Yes <input type="checkbox"/> No	This CASA office or any other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes" to any of the above, please explain briefly:			

**Have you ever been accused of Child Abuse or Neglect (please check yes or no)?**  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been arrested for a crime or convicted of a felony (please check yes or no)?**  Yes  No

If yes, what charge? \_\_\_\_\_  
 Date of Arrest/Disp: \_\_\_\_\_ Where? \_\_\_\_\_

**Are you currently or previously been involved in a custody dispute (please circle yes or no)?** Yes No

If yes, please give brief description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Memphis and Shelby County, Inc. (CASA) to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Deputy Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons who are directly involved in the case or who will be consulted for their professional knowledge and expertise. Furthermore, pursuant to applicable laws in any state concerning authority to obtain information, I authorize CASA of Memphis and Shelby County, Inc. (CASA) to obtain all investigative records for examination for the purpose of verifying the accuracy of criminal violation information contained on an application to work for CASA; and/or supply a fingerprint sample and submit to a criminal history records check to be conducted by any state. If required for background checks, I agree to provide CASA my social security number. I understand that failure to authorize CASA to complete background checks or provide requested information to complete background checks or if I do not pass background checks, eliminates me from further consideration as a CASA volunteer. I also understand that CASA can reject my application for any reason. CASA of Memphis and Shelby County will reject any applicant 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 risks to children or this agency's program.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_