



CASA of Crawford County, Inc.
P.O.Box 433 1112 Main Street
Van Buren, Arkansas

Telephone: (479) 474-8502 Fax: (479) 471-5800

***** PLEASE RETURN APPLICATION TO THE MAIN OFFICE AT THE ADDRESS LISTED ABOVE. *****

- I am applying for:
- Court Appointed Special Advocate (CASA)
 - Special Projects/Special Events Volunteer
 - CASA Associate – please list the CASA you wish to assist:

Last Name _____		First Name _____	
Middle _____			
Current Address _____			

City _____		State _____	
Zip _____		County _____	
Home number _____		Cell / Alternate Number _____	
Social Security # _____			
Email _____			
Date of Birth _____		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Place of Employment _____		Position _____	
Telephone _____		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact _____		Telephone _____	

Ethnicity Caucasian African American Asian American Hispanic
 Native American Other _____ Unknown

Education Some high school High School GED

Some college College Post-graduate
Major _____ Degree _____

Primary language English Spanish Other _____

Secondary English Spanish Other _____

Do you drive? Y N Do you have regular access to a car? Y N

How did you hear about CASA? _____

Have you ever been arrested for a crime? Y N If yes, what charge: _____

What experiences have you had with children? _____

Are you now employed or have you ever been employed by the Crawford County juvenile courts, the Department of Human Services or a contract agency of the Department of Human Services? If yes, please explain your position and dates of employment.

Have you or any member of your immediate or extended family been involved in, or are currently involved in, an abuse/neglect, delinquency, guardianship, adoption or any other matter in juvenile or family court? If yes, please provide who is involved, type of case and expected date of resolution if known.

Why would you like to become a CASA volunteer advocate? _____

Is there anything else you would like to tell us about yourself? _____

CASA of Crawford County, Inc. is required to obtain an NCIC criminal registry check on all volunteers, which includes all states that you have lived in during the past 5 years. Please list any addresses in states other than Arkansas that you have lived during the past five years. Use another sheet if necessary:

1. Address _____

City _____ State _____ Zip _____

2. Address _____

City _____ State _____ Zip _____

3. Address _____

City _____ State _____ Zip _____

4. Address _____

City _____ State _____ Zip _____

5. Address _____

City _____ State _____ Zip _____

I, _____ hereby affirm that all of the answers provided on this volunteer/friends of CASA application are true. I authorize the CASA of Crawford County, Inc. program and any law enforcement agency to investigate my background to determine my fitness as a potential volunteer and to obtain a NCIC criminal registry check on my name, which will include all states that I have lived in during the past 5 years. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer/friend of CASA and that CASA reserves the right to decline any volunteer based on a thorough screening process. I understand that applicants who have been convicted of any misdemeanors or felonies which pose a risk to children will be denied and all other unrelated convictions will be weighed as to their risk towards children. Furthermore, I understand that my application will be automatically rejected if I refuse to sign this release of information.

Signature: _____ Date: _____

PERSONAL REFERENCES

Please provide us with five references. At least three must be someone other than a relative.

ADDRESSES INCLUDING ZIP CODE MUST BE INCLUDED!!

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

4. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

5. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Relationship: _____

