



CASA of Noble County  
220 Court House  
Caldwell, OH 43724  
Phone: 740-732-0847  
Fax: 740-732-5685

VOLUNTEER APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER-HOME \_\_\_\_\_

WORK \_\_\_\_\_

CELL \_\_\_\_\_

MAY WE CALL YOU AT WORK Y N

E-MAIL \_\_\_\_\_

DATE OF BIRTH (CASA VOLUNTEERS MUST BE 21 YRS OF AGE) \_\_\_\_\_

IF LESS THAN 5 YEARS AT CURRENT ADDRESS, PLEASE LIST ADDRESSES FOR 5 YEARS

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

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

MOST RECENT SCHOOL ATTENDED \_\_\_\_\_

HIGHEST DEGREE EARNED \_\_\_\_\_

LIST EDUCATIONAL BACKGROUND AND TRAINING

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

ALTHOUGH MUCH OF THE CASA VOLUNTEER TIME IS FLEXIBLE, COURT HEARINGS AND REVIEWS ARE SCHEDULED FOR WEEKDAY BUSINESS HOURS. COURT HEARINGS ARE EVERY 3 TO 6 MONTHS. WILL YOU BE ABLE TO ATTEND THESE HEARINGS? Y N

DO YOU HAVE A VALID DRIVER'S LICENSE? Y N

DO YOU HAVE RELIABLE TRANSPORTATION? Y N

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING A DRIVING VIOLATION, IN THIS OR ANY OTHER STATE? Y N

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAN YOU THINK OF ANY REASON THE JUDGE IN NOBLE COUNTY WOULD NOT APPOINT YOU TO A CASE? Y N

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A HISTORY WITH CHILD PROTECTIVE SERVICES? Y N

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN? Y N

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? Y N  
RETIRED? Y N

DETAILS OF YOUR CURRENT EMPLOYMENT HISTORY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A MEMBER OF ANY COMMUNITY ORGANIZATIONS? Y N

DETAILS OF COMMUNITY INVOLVMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT CASA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED WITH CASA/GAL IN THE PAST? Y N

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE 3 PERSONAL OR PROFESSIONAL REFERENCES

NAME \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
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ADDRESS \_\_\_\_\_  
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