

**5<sup>th</sup> Judicial Circuit CASA**  
**Volunteer Application**  
(Return to: CASA, 411 Jules, B-3, St. Joseph, MO 64501)

The CASA Office works in an inclusive network which strives to recruit a diverse group of volunteers to advocate for the best interests of all children. Volunteers will be recruited without regard to gender, handicap, age, race, religion or other condition. Any person meeting the minimum requirements will be considered for acceptance as a volunteer.

Name (Last, First, Middle): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**List any other States & Counties that you have resided in during the last 7 years:**

\_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Brief description of work: \_\_\_\_\_

\_\_\_\_\_  
Employment History (last 5 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experiences:**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Briefly describe volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Briefly describe volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education (highest year completed or degree): \_\_\_\_\_

If you speak a foreign language, which one(s): \_\_\_\_\_

Do you drive or have a dependable means of transportation? \_\_\_\_\_

Can you attend daytime hearings and meetings? \_\_\_\_\_

Can you make a commitment of at least one year to being a CASA? \_\_\_\_\_

How did you hear about CASA? \_\_\_\_\_

Why do you want to be a CASA volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal References:

**(Please list 3 references, known for two years or longer, not including relatives, with complete address and phone numbers. *References will remain confidential.*)**

#1 – Name: \_\_\_\_\_

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

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

#2 – Name: \_\_\_\_\_

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

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

#3 – Name: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Date

5<sup>th</sup> Judicial Circuit CASA  
5<sup>th</sup> Judicial Circuit Court of Missouri, Juvenile Office

Permission to Contact References  
And  
Complete Background Information

*I hereby give permission to the 5<sup>th</sup> Judicial Circuit CASA Office to inquire about my qualifications and/or character by:*

- *Contacting personal references named on the volunteer application,*
- *Contacting present and/or past employers,*
- *Contacting volunteer organizations, I have worked with,*
- *Completing a background and criminal history check with the State of Missouri Family Care Safety Registry (Child Abuse/Neglect), Social Security Verification and any necessary law enforcement agency.*

Information needed for background checks

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
State of Birth: \_\_\_\_\_  
Drivers' License #: \_\_\_\_\_  
Aliases or Maiden Names: \_\_\_\_\_

Please disclose any involvement you have had with Children's Division or any law violation convictions:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Failure to sign the waiver for Background Screening Waiver will result in the Rejection of Volunteer Application.