

# Volunteer Application



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

**"Powerful Voices for Children"**

# Child Advocacy Services

## Court Appointed Special Advocates (CASA) Program Application

Name: \_\_\_\_\_  
Last First Middle Initial

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Volunteer for what Parish(es): \_\_\_\_\_

Disabilities: \_\_\_\_\_ Email: \_\_\_\_\_

In Case of Emergency, Call: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ Issue State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If Student, School Attending: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

Interested in Interning with CAS? \_\_\_\_\_ Field of Study? \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Parish: \_\_\_\_\_

Previous Work/Volunteer Experience: \_\_\_\_\_

Educational Background – Check Highest Level

\_\_\_\_\_ Some High School (Grade Completed) \_\_\_\_\_ Some College \_\_\_\_\_ GED  
\_\_\_\_\_ High School Graduate \_\_\_\_\_ College \_\_\_\_\_ Post Graduate

Have you ever been accused or convicted of a crime? \_\_\_\_\_ If yes, please explain.

Involved in any legal action involving mistreatment or abuse of a child? \_\_\_\_\_ If yes, please explain.

Please check any of the following areas of Child Advocacy Services that interest you:

\_\_\_\_\_ CASA Program \_\_\_\_\_ Office Support/Improvements \_\_\_\_\_ Board of Directors \_\_\_\_\_ Community Advisory Committee

How did you hear about CAS?

1. Friend: \_\_\_\_\_ Is Friend a CAS volunteer? \_\_\_\_\_
2. Presentation Referral: \_\_\_\_\_ Presenter: \_\_\_\_\_
3. Media (Newspaper, Radio, TV, Flyer). Please name source: \_\_\_\_\_
4. Volunteer Referral Agency. Please name agency: \_\_\_\_\_
5. Other, please name source: \_\_\_\_\_

# References

Please list three references, their mailing addresses, including zip code. One reference must be an employer or co-worker if employed, or a previous employer. Supervisor from previous volunteer experience should be included. Other examples include friends, teacher, therapist, minister, and relatives other than spouse or children. References may live out of town.

**WE WILL BE VERIFYING ALL REFERENCES.**

**PLEASE PRINT:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I give my permission to have my references contacted and I agree to a routine police check on my background.

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 risk to children, or damage the program's credibility, will not be accepted as a volunteer.

By signing below, I agree that all information contained in this application is factual.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Child Advocacy Services shall not discriminate on the basis of race, color, sex, sexual orientation, marital status, handicap, religion or national origin.**



**Powerful Voices** *For Children!*

**Felicianas Office**

P.O. Box 46  
Jackson, LA 70748  
Phone: (225) 634-2225  
Fax: (225) 634-2227

**Denham Springs Office**

P.O. Box 1455  
Denham Springs, LA 70727  
Phone: (225) 791-3136  
Fax: (225) 791-9162

**Gonzales Office**

P.O. Box 1568  
Gonzales, LA 70737  
Phone: (225) 647-2005  
Fax: (225) 647-2009

**Hammond-Main Office**

1504 W. Church Street  
Hammond, LA 70401  
Phone: (985) 902-9583  
Fax: (985) 345-4689



**River Parishes Office**

P.O. Box 280  
LaPlace, LA 70069  
Phone: (985) 652-8384  
Fax: (985) 652-8386

**Napoleonville Office**

P.O. Box 751  
Napoleonville, LA 70390  
Phone: (985) 369-2502  
Fax: (985) 369-2510

**Luling Regional Office**

P.O. Box 1321  
Luling, LA 70070  
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