CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA OF LEXINGTON

VOLUNTEER APPLICATION

Qualifications:

Are you at least 21 years old?

☐ YES
☐ NO

Do you have access to a computer and an email address? If you do not currently have an email address or access to a computer, would you be willing and able to come to the CASA offices to establish an email address, check email and type required court reports on an office computer? Email access is crucial to our communication with community partners.

☐ YES
☐ NO

Personal Information:

First name: _____ **Middle:** _____ **Last name:** _____

Names previously known by: _____

Street address: _____

City: _____ **State:** _____ **ZIP code:** _____

County _____ **E-mail address:** _____

Mobile phone: _____ **Home phone:** _____

***The 5 questions below are optional but do help our program track data:**
***Gender:** ☐ Female ☐ Male ☐ Other:_____ ***Do you identify as LGBTQ+:** ☐ Yes ☐ No

***Pronouns:** ☐ She/Her ☐ He/Him ☐ They/Theirs ☐ Ze/Hir ☐ Other _____

***Hispanic:** ☐ Yes ☐ No

***Race:** ☐ African American or Black ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Two or More Races ☐ White
☐ Other: _____

Date of birth: _____ **Marital Status:** _____

What is your primary language? ☐ English ☐ Spanish ☐ French ☐ ASL/ESL ☐ Other: _____

Do you speak another/secondary language? ☐ English ☐ Spanish ☐ French ☐ ASL/ESL ☐ Other: _____

Formal education (highest year of school completed): ☐ Some High School ☐ GED ☐ High School ☐ Some College

☐ College ☐ Post-Graduate ☐ Other **Major/Degree:** _____

Emergency contact name: _____ Emergency phone: _____

Experience:

Have you ever had personal experiences with any of the options below? If yes, please explain.

Child Protective Agencies ☐ Yes ☐ No

_____

_____

Foster Care ☐ Yes ☐ No

_____

_____

Juvenile Court ☐ Yes ☐ No

_____

_____

Other Child Service Agencies ☐ Yes ☐ No

_____

_____

Child Abuse or Neglect ☐ Yes ☐ No

_____

_____

Domestic Violence ☐ Yes ☐ No

_____

_____

Mental Illness / Mental Health Treatment ☐ Yes ☐ No

_____

_____

How did you hear about our program?

- ☐ **CASA Flyer**
- ☐ **Media Appearance**
- ☐ **Friend/ Relative**
- ☐ **National CASA**
- ☐ **Kentucky CASA Network**
- ☐ **Newspaper Article**
- ☐ **School Class/Organization**
- ☐ **Volunteering Website**
- ☐ **Event/Festival**
- ☐ **Google Search/CASA of Lexington Website**
- ☐ **Social Media: _____**
- ☐ **Other: _____**

Volunteer Experience:

Please briefly describe any other current volunteer activities: _____

_____

_____

_____

_____

_____

Employment:

Employment Status: ◯ full time ◯ part time ◯ student ◯ not employed ◯ retired

Current Position: _____ Current Employer: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Supervisor Name: _____Phone: _____ Permission to Contact: ___ Yes ___ No

How long have you been employed at your current job? _____

Other than your current employer, have you worked elsewhere in the last five years? ◯ Yes ◯ No

If yes, please list your job history of the last five years with dates in the space below.

_____

_____

_____

Vehicle Information:

Do you have a valid driver's license? ◯ Yes ◯ No Driver's license number: _____

State: _____ Expiration Date: _____ Do you have regular access to a vehicle? ◯ Yes ◯ No

Car insurance company: _____ Expiration Date: _____

Background Information:

Have you lived outside of Kentucky in the last 7 years? If yes, please provide the address(es), city, state and zip code of your residence(s) for the past 7 years. If no, please tell us for how long you've lived in Kentucky. ◯ Yes ◯ No

_____

_____

Are you currently a resident of Fayette, Bourbon, Scott, Woodford, Garrard or Jessamine County? If yes, please tell us for how long you have lived in which county. ◯ Yes ◯ No

_____

Have you served in the military? ◯ Yes ◯ No If yes, which branch? _____

Have you ever applied to volunteer or have you ever served as a volunteer with another CASA/GAL program before? If yes, please list the name(s) of the program(s) in the space below. ◯ Yes ◯ No

_____

_____

Please list any skills or interests that you think would be beneficial in this volunteer work:

_____

_____

_____

Can you think of any reason why a judge might be reluctant for you to serve as a CASA volunteer? ◯ Yes ◯ No

If yes, please explain: _____

_____

_____

Do you have any physical or mental condition which would interfere with any essential element of your duties as a volunteer? ◯ Yes ◯ No

If yes, please explain: _____

_____

Personal References:
Please list four character references who have known you for at least two years and are NOT related to you by blood or marriage. Email addresses are REQUIRED. Please print LEGIBLY so references can be contacted.

1. **Full name: _____ Phone: _____**

   What is your relationship with this person? _____

   Email Address: _____

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

2. **Full name: _____ Phone: _____**

   What is your relationship with this person? _____

   Email Address: _____

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

3. **Full name: _____ Phone: _____**

   What is your relationship with this person? _____

   Email Address: _____

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

4. **Full name: _____ Phone: _____**

   What is your relationship with this person? _____

   Email Address: _____

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

Agreement:

Does your employer support volunteer work that will require absence from work? ◯ Yes ◯ No

May we contact your current employer as a reference? ◯ Yes ◯ No

May we contact the volunteer and community organizations you listed previously? ◯ Yes ◯ No

Are you willing to commit 10 hours per month volunteering with a case should you be assigned? ◯ Yes ◯ No

Are you willing to commit to a case that will require your volunteer work for at least two years? ◯ Yes ◯ No

Release:

I hereby certify that all information on this application is true and correct to the best of my knowledge. My signature below authorizes CASA of Lexington to make necessary checks to determine suitability to serve as a CASA Volunteer. This may include, but is not limited to, character reference checks, child abuse/neglect records, criminal records, sex offender registry checks and other individuals or agencies that may have knowledge of the applicant. These checks will be conducted before service begins and periodically for the duration of the volunteer's service. All information collected will be held in the strict confidence. I understand that the program reserves the right to reject this application for any reason; and that any convictions or pending charges involving a sex offense, child abuse/neglect or related acts that in the program's judgment would pose a risk to children or the program's credibility, will result in the rejection of my application.

_____ _____

(Applicant's Signature) **Date**

Thank you:

Thank you for submitting your application. CASA of Lexington will contact you within 5 business days to provide some additional information and begin the background check process. After that, we will schedule an initial interview and you can sign up for one of our upcoming trainings. If you need to contact us, please call (859) 246-4313 or email info@casaoflexington.org. Thank you for your interest in becoming a CASA volunteer!