

Jackson County CASA, Inc.
VOLUNTEER APPLICATION

Please Print

QUALIFICATIONS:

Are you at least 21 years old? ☐ Yes ☐ No

PERSONAL INFORMATION:

Name: _____

First name

Middle name

Last name

Date of Birth: _____ City and state of birth: _____

Gender: ☐ Male ☐ Female Race: _____ Social Security # _____

Marital Status: _____ Primary Language: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone #: _____ Home phone #: _____

Work phone #: _____ Best phone #: _____

Email: _____

Work or alternate email: _____

Highest school/education completed: _____

Degree/Training received: _____ Major: _____

Do you drive? _____ If yes, do you have available transportation? _____

CONTACT INFORMATION:

Please provide two (2) emergency contacts. The second contact is in case of a natural disaster such as a hurricane.

Name: _____ Relation to you: _____

First name

Last name

Cell phone #: _____ Alternate phone #: _____

Name: _____ Relation to you: "Natural Disaster Contact"

First name

Last name

Cell phone #: _____ Alternate phone #: _____



EXPERIENCE:

Please tell us about any personal and/or professional experience you have with the following agencies, organizations, or areas. You are not required or expected to have any experience in these areas to be a volunteer.

Child Protective Service ☐ Yes ☐ No

If yes, explain. _____

Foster Care ☐ Yes ☐ No

If yes, explain. _____

Juvenile Court ☐ Yes ☐ No

If yes, explain. _____

Other Child Service Agencies ☐ Yes ☐ No

If yes, explain. _____

Child Abuse or Neglect ☐ Yes ☐ No

If yes, explain. _____

Domestic Violence ☐ Yes ☐ No

If yes, explain. _____

Mental Illness/Mental Health Treatment ☐ Yes ☐ No

If yes, explain. _____

How did you hear about our program? _____

Please tell us about any personal and/or professional experience you have with community volunteer organizations.

Organization Name: _____

Supervisor's Name: _____

First name

Last name

Organization Name: _____

Supervisor's Name: _____

First name

Last name

Organization Name: _____

Supervisor's Name: _____

First name

Last name

Organization Name: _____

Supervisor's Name: _____

First name

Last name



JACKSON COUNTY CASA

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An agency of United Way for Jackson and George Counties since 1999

CURRENT OR MOST RECENT EMPLOYMENT:

Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Responsibilities: _____

Supervisor's Name: _____

First name

Last name

Is this your current or most recent employment? ☐ Current ☐ Most Recent

If this is your most recent employment, what was your reason for leaving? _____

What were your work hours? _____

Do we have permission to contact this employer? ☐ Yes ☐ No Phone #: _____**BACKGROUND INFORMATION:**Are you currently a resident of Jackson County? ☐ Yes ☐ No

If yes, please tell us how long you have lived in Jackson County. _____

If no, please explain. _____

Have you lived anywhere besides your present address in the past seven (7) years? ☐ Yes ☐ No

If yes, please list all addresses from the past seven (7) years (attach additional paper as necessary):

What are your reasons for wanting to participate as a CASA volunteer? _____

CRIMINAL HISTORY:

An applicant having a charge or convictions for a crime involving a sex offense or child abuse or neglect is disqualified as a volunteer. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the Program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.

Please answer the following questions. If YES, please explain.

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, what was the charge? _____

Date of conviction? _____ Where? _____

Can you think of any reason why a judge or anyone else might be reluctant for you to serve as a CASA volunteer? _____

Have you or any family member or relative been involved in the Youth Court? ☐ Yes ☐ No

If yes, explain. _____



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REJECTION OF APPLICANT:

Jackson County CASA, Inc. reserves the right to reject the volunteer applicant if, but is not limited to, the following reasons:

- If he/she refuses to sign release of information
- If the applicant is 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 risks to children or the CASA Program's credibility

VOLUNTEER COMMITMENT:

As a CASA volunteer you will be required to attend Court Hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? _____

Are you willing to commit to eighteen (18) months of volunteer service? _____

Do you consent to a routine check of your criminal records? _____

PERSONAL REFERENCES:

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or voluntary capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship: _____

Email: _____

Jackson County CASA, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.



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Part Two

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all the answers provided on my volunteer application are true. I hereby authorize Jackson County CASA, Inc. and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed training and met all other requirements, and it has been determined that I am a suitable volunteer, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

NAME (please print)

Signature

Date

Witness (CASA Program staff)

*Please return completed application to Jackson County CASA, Inc.
4903 Telephone Road, Pascagoula, MS 39567
Phone: 228-762-7370 Fax: 228-762-7385*



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PERMISSION FOR BACKGROUND and SOCIAL SECURITY VERIFICATION CHECKS

To Whom It May Concern:

I hereby authorize Jackson County CASA, Inc. to conduct an investigation on my background in conjunction with program guidelines.

I further authorize any Mississippi law enforcement agency to conduct a criminal record check and to release the results of said criminal record check to Jackson County CASA, Inc. Further, this release is authorized to obtain information from the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children.

I execute this release with the full knowledge and understanding that the information to be obtained about me is for official use of Jackson County CASA, Inc.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

Signature

Date

Full Name

Previous Names (Maiden, etc.)

Social Security Number

Date of Birth

Current Address: _____

Previous Addresses for the past FIVE YEARS (5): _____

