

**APPLICATION FOR PULASKI  
COUNTY CASA PROGRAM, INC.**

**PLEASE PRINT**



Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is your work number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

How long have you lived in Pulaski County? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, maiden name:  
\_\_\_\_\_

If presently married, husband's/wife's name and occupation:

Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of household:

Name \_\_\_\_\_ Relationship

\_\_\_\_\_

\_\_\_\_\_

Do you drive: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have automobile insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the current status of your health? \_\_\_\_\_

### EDUCATION

Do you have a high school diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, name of college/university: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Are you presently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, name of school and course of study

\_\_\_\_\_

### WORK/VOLUNTEER HISTORY

~Use another sheet of paper if necessary~

Name and address of present or last employer:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Brief description of work: \_\_\_\_\_

\_\_\_\_\_

Name and address of next previous employer:

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Have you ever done any volunteer work? If so, please state: \_\_\_\_\_

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List any other current community activities and membership in clubs, church, other organizations:

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Languages spoken: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

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When would you be available for volunteer services? Please check times/dates.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
AM	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____

Approximately how much time can you contribute weekly as a CASA Volunteer?

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Do you have any training or experience in any of the following?

_____ medicine	_____ mental health	_____ counseling
_____ psychology	_____ drug/alcohol programs	_____ child development
_____ child care	_____ child welfare	_____ social work
_____ education	_____ criminology	_____ law enforcement
_____ news media	_____ writing	_____ public speaking
_____ art/graphics	_____ advertising/public relations	

If yes, please describe: \_\_\_\_\_

Have you ever been arrested for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what charge: \_\_\_\_\_

Date of Arrest \_\_\_\_\_ Where \_\_\_\_\_

Can you think of any reason why Judge Shurn might be reluctant to appoint you to a case? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why? \_\_\_\_\_

How did you learn/hear about the CASA Program? \_\_\_\_\_

Please write a brief statement explaining why you want to work with the CASA Program.

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

Personal References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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In case of an emergency contact \_\_\_\_\_

Telephone Number \_\_\_\_\_

AFFIRMATION AND RELEASE

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the LaPorte County CASA Program to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in the application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, 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 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.

Name (Please Print) : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed application to the program office:

Pulaski County CASA Program  
Attn: Marie Roth  
PO Box 217  
Winamac, IN 46996

For further information or questions contact: [mroth@lpcasa.com](mailto:mroth@lpcasa.com)

