



**Sarpy County CASA Program**  
1210 Golden Gate Drive, Ste.2101  
Papillion NE 68046-2845

Tel: (402) 593-2259  
Fax: (402) 593-2158  
E-mail: [casa@sarpy.com](mailto:casa@sarpy.com)

## Volunteer Application

Name: \_\_\_\_\_  
          First                          Middle                          Last                          (Maiden)

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

Telephone Number: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouses Name \_\_\_\_\_

Children:

Full Name	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you drive? \_\_\_\_\_ Do you have an automobile available to you? \_\_\_\_\_

Education:

High School graduate? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_ GED Certificate

Last High School attended: \_\_\_\_\_

Colleges or universities attended: \_\_\_\_\_

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

Minor \_\_\_\_\_

Do you have any experience/training in any of the following areas?

\_\_\_\_ Child welfare/development

\_\_\_\_ Drug/Alcohol Abuse Program

\_\_\_\_ Counseling

\_\_\_\_ Juvenile Delinquency

\_\_\_\_ Writing

\_\_\_\_ Medicine

\_\_\_\_ Criminal Justice

\_\_\_\_ Fund Raising

\_\_\_\_ Social Work

\_\_\_\_ Public Relations

\*NOTE: Prior experience in these areas is *not* required for acceptance into the program!

Work:

Current employer, occupation, and brief description of work:

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May we contact you at work if necessary? \_\_\_\_\_ yes \_\_\_\_\_ no

Volunteer experience:

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Other community activities and memberships (include church affiliation if applicable):

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How did you become aware of the CASA Program? \_\_\_\_\_

Have you ever been involved in a juvenile court case (as an adult or as a child)? \_\_\_\_\_  
If so, please give details: \_\_\_\_\_

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

Have you ever been exposed to an incident of child abuse or neglect? \_\_\_\_\_

What are your feelings concerning this? \_\_\_\_\_

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

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_

If so, please give details: \_\_\_\_\_

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

References:

Please list three non-relative references who can describe your personal and/or professional capacity to serve as a volunteer for this program. At least one of these references should be from employment or volunteer experiences. *References will be contacted.*

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

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

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

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

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

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

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

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

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

In case of an emergency, who should we contact?

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

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

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

**AFFIRMATION AND RELEASE:**

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true.

**I authorize Sarpy County CASA Program to gather and receive information pertaining to any possible child maltreatment claims or law violations pertaining to me by means of a Child Abuse/Neglect Registry, a Criminal Records check and a Driving record check. My acceptance as a volunteer could be affected by the information found.**

**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 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 CASA office 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 who are directly involved with the case. A copy of this release is considered valid.**

Name (please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_