



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

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:

May we contact you at work if necessary? _____ yes _____ no

Volunteer experience:

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

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 _____