

SOWEGA CASA, Inc.
COURT APPOINTED SPECIAL ADVOCATE
APPLICATION FORM

PERSONAL:

Name/Last: _____ Gender: _____ D.O.B: _____

List any previous names, if name has been changed: _____

Home Address: _____ City/State: _____ Zip Code: _____

Length of time at current address: ___ Months ___ Years

If less than 2 years, please list previous address: _____

E-mail Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Ethnic Origin: _____ (for statistical reporting only)

List any volunteer experience(s) and how long? _____

Do you have a car? Yes _____ No _____ Do you have a valid GA Driver's License? Yes _____ No _____

Social Security No: _____ License number _____ Exp. Date _____

Do you or any family members have any experiences related to The Department of Family & Children's Services?

(If yes, please explain) _____

Have you ever been arrested and/or charged with any violation of law other than minor traffic violations? (A conviction does not necessarily disqualify you from the volunteer program.) Yes _____ No _____

If Yes, Please explain.

Have you sought treatment or are you currently in treatment for a mental health problem? Yes _____ No _____

How did you hear about the CASA program?

Why do you want to volunteer for CASA?

What age child(ren) are you most interest in working with?

Rank from 1 to 7 your areas of interest in the CASA program:

_____ CASA Volunteer _____ Fundraising _____ Speakers Bureau _____ Public Relations
_____ Hospitality (planning) _____ Newsletter _____ Clerical Work (mailing, telephone, etc.)

I understand that inquiries will be made as to my suitability as a volunteer CASA and I consent to a criminal records check. SOWEGA, Inc. will reject any applicant 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 SOWEGA, Inc. program's credibility.

I will also be responsible for assuring that my references return the written reference request form to the CASA program. I further understand that application does not assure acceptance in the program. I have carefully considered the roles and responsibilities of a CASA volunteer. I verify that all the information contained here in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

**You may mail, fax or e-mail this form to:
SOWEGA CASA, Inc.
PO Box 732 Americus, GA 31709
Phone: (229) 931-4488 Fax: (229) 931-4489**