



Volunteer Application
CASA Kankakee County
(Please Print)

A
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Child's
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Name

Address

City State Zip Code

Home Phone Work Phone Cell Phone

E-mail (if applicable)

The easiest way to reach me is at: Home Work Cell

Personal:

Social Security Number Driver's License Number

Date of Birth Ethnicity (optional) Marital Status

Spouse's Name Occupation Phone Number

In case of an emergency please call: _____
Name Phone Number

Do you have children? Yes____ No____ If yes, what are their ages? _____

Availability:

Are you willing to commit to at least 18 months of volunteer service?
Yes____ No____

Will you be able to arrange your schedule to attend court hearings?
Yes____ No____

Do you have a valid Drivers licenses? Yes____ No____

If yes.....

Do you have access to a car? Yes____ No____

Do you have valid Car Insurance? Yes____ No____

Employment:

Are you employed? Yes____ No____ If yes, Full-time ____ Part-time ____

Current Employer

Position

May you be called at work? Yes____ No____

401 North Wall St.
Suite LL07
Kankakee, IL 6090
(815) 936-7372
Fax: (815) 936-9829



College: 1 2 3 4 Graduate: 1 2 3 4

Education:

(circle the highest completed)

High School: 9
10 11 12

Major

Highest Degree

Do you have any training or experience in any of the following? Check all that apply.

- Medicine
- Psychology
- Child Care
- Education
- News Media
- Public Speaking
- web Development
- Mental Health
- Drug or Alcohol Abuse Programs
- Child Welfare
- Criminology
- Advertising or Public Relations
- Art or Graphic Design
- Counseling
- Child Development
- Social Work
- Law Enforcement
- Writing
- Fundraising

Short Answer Questions:

Have you had any experience with DCFS, if so please explain

Why do you want to become a CASA volunteer?

Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.

What experience or knowledge of children and families do you have to assist you in determining what may be in a child's best interests? (i.e. parenting, child care, etc.)

Please tell us about your past and current volunteer experiences (places you have volunteered, duties, anything you like or disliked about it)

Please list any other information that you think CASA should know about you.

References

Applicant Name

Please list three (3) references we may contact on your behalf. No family members please.

Name	Daytime Phone	
Address		
City	State	Zip Code
Occupation	How long have you known this person? _____	

Name	Daytime Phone	
Address		
City	State	Zip Code
Occupation	How long have you known this person? _____	

Name	Daytime Phone	
Address		
City	State	Zip Code
Occupation	How long have you known this person? _____	



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I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize 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 for the purpose of determining my 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 the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of 18 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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

Please return all 4 pages of this application to:

Child Network
CASA Kankakee County
401 N. Wall St., Suite LL07
Kankakee, IL 60901
Fax: 815-936-9829

401 North Wall St.
Suite LL07
Kankakee, IL 6090
(815) 936-7372
Fax: (815) 936-9829

