



## Owen County Court Appointed Special Advocate Volunteer Application

Owen County CASA

P. O. Box 674 Spencer, Indiana 47460

812.585.7652

owen\_casa@yahoo.com

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

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

Birthdate: \_\_\_\_\_ S.S. #: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Valid Indiana Driver's License #: \_\_\_\_\_

Employer name, address and phone: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Previous names (including maiden if applicable) \_\_\_\_\_

Children's names & ages: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Your educational level (highest level attained): \_\_\_\_\_

\_\_\_\_\_

Volunteer/Community Experiences: \_\_\_\_\_

\_\_\_\_\_

Experience with youth: \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

\_\_\_\_\_

Have you had experience with any of the following agencies? If so, please explain:

Dept. of Child Services (formerly known as the Welfare Dept.)?

\_\_\_\_\_

\_\_\_\_\_

Juvenile Court? \_\_\_\_\_

\_\_\_\_\_

Foster care? \_\_\_\_\_

\_\_\_\_\_

As a CASA volunteer, you will work directly with the Owen County Dept. of Child Services. Any substantiated abuse or neglect will disqualify you from becoming a CASA volunteer.

What is your motivation for interest in the CASA Program?

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Approximately 30 hours of training is required. Times will be set depending on participant's schedules. Each training session will last approximately three hours. Please list the most convenient days and times for you to attend a training:

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State statute also requires that every three to six months review hearings be held to determine the status of the case. Hearings can be held at any day of the week and can be scheduled with your availability in mind. Often the reviews are scheduled on Mondays or Wednesdays. Will your work or personal schedule allow you to attend these hearings? \_\_\_\_\_

Have you ever been convicted for any violation of laws other than a minor traffic violation? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
(A conviction record will not necessarily bar you from acceptance to the CASA program unless the offense is a conviction of a sex crime or relates to the abuse or neglect of a child.)

References: Please list three people for your personal references, no family members please.

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

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

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

Contact phone number during daytime: \_\_\_\_\_

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

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

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

Contact phone number during daytime: \_\_\_\_\_

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

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

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

Contact phone number during daytime \_\_\_\_\_

**To the CASA Director:**

I understand that by submitting to this application, I authorize inquiries to be made concerning my suitability as a Court Appointed Special Advocate. The information requested in this application and information that might otherwise be obtained will be used only for the purpose of determining my suitability as a volunteer. All information will be held in strict confidence.

I realize that the Owen County CASA Program may conduct record and computer checks through local law enforcement, Child Protection Agencies, Sex Offender Registries and/or other appropriate sources. I also realize that if I refuse to sign this release, I will not be allowed to serve as a Court Appointed Special Advocate.

Having carefully considered the above statements, I allow the CASA Office to inquire about my suitability and background to serve as a CASA volunteer.

Applicant's Signature: \_\_\_\_\_

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