



*CAPITAL CITY CASA*

**ADVOCATE**

**APPLICATION**

Name \_\_\_\_\_ Goes by \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Origin \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ May we contact you at work? \_\_\_\_\_  
 Do you have access to a computer?  Yes  No  
 Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Employment**

Employed By \_\_\_\_\_ Address \_\_\_\_\_  
 Full time \_\_\_\_\_ Part time \_\_\_\_\_ Retired \_\_\_\_\_ Job title: \_\_\_\_\_

**Education**

Highest year of school completed \_\_\_\_\_ Degree \_\_\_\_\_  
 Do you speak a foreign language?  Yes  No If yes, which language \_\_\_\_\_

**Activities/Hobbies/Community Service/Background Information**

Current community activities: \_\_\_\_\_  
 Hobbies: \_\_\_\_\_  
 List current and previous volunteer work (*list all previous volunteer work including brief description of duties and activities and dates of service; may submit additional sheet as needed*)

Are you presently or have you ever been a foster or adoptive parent?  Yes  No  
 What is your experience working with children?

What are your reasons for wanting to participate as a CASA?

How did you hear about the CASA Program:

Friend/Family \_\_\_\_\_ Newspaper/Magazine \_\_\_\_\_ Agency/Professional \_\_\_\_\_  
Local Media \_\_\_\_\_ National Media \_\_\_\_\_ Event \_\_\_\_\_  
Facebook \_\_\_\_\_ Website \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Are you able to attend court hearings for the children you will be representing?  Yes  No

Are you willing to commit for the duration of the case (*12-24 Months*)?  Yes  No

Will you be willing to travel out of town to visit child?  Yes  No

Describe any personal or professional constraints that may restrict your volunteer time:

Have you had any personal experience(s) involving?

Child Welfare: \_\_\_\_\_ Foster Care: \_\_\_\_\_

Court System: \_\_\_\_\_ Other agencies with services to a child: \_\_\_\_\_

If so, please explain:

How long have you lived in the Jefferson City area? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Advocate?

### **References**

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The Capital City CASA reserves the right to make any inquiries deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

The Capital City CASA accepts the service of all advocates with the understanding that such services are the sole discretion of the agency. Advocates agree that the agency may at any time, for whatever reason, decide to terminate the advocate's relationship with the agency.

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

\_\_\_\_\_  
Date

### **PLEASE RETURN YOUR COMPLETED APPLICATION:**

Capital City CASA

P.O. Box 1627

Jefferson City, MO 65102

(573) 893-CASA (2272)