



Court Appointed Special Advocates of Vermilion County
101 West North Street * Danville, IL 61832
Phone (217) 446-5975 * Fax (217) 446-6018
director@casavermilion.org * www.casavermilion.org

VOLUNTEER APPLICATION

Name: _____ Gender: _____

Date of Birth: _____ Ethnicity: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Alternative Phone: _____

e-mail: _____

Emergency Contact (name & phone number) _____

Are you currently employed? Yes ___ No ___ If yes: Full time ___ Part time ___

Please list your current or last employment (if applicable).

Place of Employment: _____ Position: _____

Supervisor or Human Resource Representative: _____

Work Phone _____

Education: (circle highest completed)

High School/GED College Associates College Bachelors Graduate Studies

List any degrees and/certifications and the major of study:

Degree/Certification: _____ Major: _____

Degree/Certification: _____ Major: _____

Degree/Certification: _____ Major: _____

A High School or GED is required to become a CASA Advocate. Please attach a copy of your transcript, diploma, or certificate from your highest level of education. If you do not have access to this information please attach an explanation to your application.

Current and previous volunteer work:

1. Agency: _____ Dates of Service: _____

Description of duties & activities: _____

2. Agency: _____ Dates of Service: _____

Description of duties & activities: _____

Languages spoken: _____

Have you ever been convicted of a crime other than a traffic violation? Yes___ No___

If yes, what charge? _____ Date convicted: _____

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

Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Human Service, the Juvenile Court system, foster care, or other agencies offering services to children: _____

Are you willing to commit to at least one year of volunteer services? Yes___ No___

Does your schedule permit you to attend meetings, court hearings, or foster care reviews during the work day?
Yes___ No___

Are you prepared to complete 30 hours of pre-service training and a minimum of 12 hours per year of in-service training? Yes___ No___

Personal references: (Preferably not relatives.)

1. Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Relationship: _____

e-mail (optional): _____

2. Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Relationship: _____

e-mail (optional): _____

3. Name: _____
Address: _____
City/State/Zip Code: _____
Phone: _____ Relationship: _____
e-mail (optional): _____

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Vermilion County, Inc. and any law enforcement agency and child welfare agency they authorize, to investigate my background to determine my fitness as a potential volunteer. I understand that CASA will not accept into the program individuals who have been convicted of any felony criminal act or have been adjudicated in Juvenile Court to have abused or neglected a child. This includes, but is not limited to, any sexual offense, abuse, neglect, or related acts that would pose a risk to the children or the CASA program's credibility.

I understand that the information requested in this application will be used only 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 one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this commitment, I will submit my written resignation to the Executive Director with as much advanced notice as possible. I also agree to serve as a representative of CASA, abiding by its policies, and supporting the programs desire to provide quality services to abused and neglected children.

Name (please print) _____
Date of Birth: _____ Social Security Number: _____
Signature: _____
Date: _____

For Office Use Only:
Date Received: _____
Contacted by: mail e-mail phone in person On: (date) _____
Interview Set For: _____
Notes: _____



