



# CASA of Venango County

206 Seneca Street Suite 35  
Oil City, PA 16301  
814.670.0550  
casaofvenangocounty.org

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation: \_\_\_\_\_ (circle one) Full-time Part-time

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the CASA Program? \_\_\_\_\_

Please circle any training or experience (practical, volunteer, or paid) in any of the following categories:

**(NOTE: None are required to be a CASA volunteer)**

- |                   |                       |                 |                             |
|-------------------|-----------------------|-----------------|-----------------------------|
| Child Care        | Mental Health         | News/Media      | Law Enforcement/Criminology |
| Child Development | Counseling/Psychology | Writing/Editing | Treatment Programs          |
| Child Welfare     | Medicine              | Public Speaking | Public Relations            |
| Social Work       | Education             | Arts/Graphics   | Advertising                 |
| Personnel         | Law                   | Fundraising     | Drug/Alcohol                |

Please describe any of these experiences that might be applicable to CASA \_\_\_\_\_

Please describe any other volunteer and community activities \_\_\_\_\_

Educational Background (highest level completed/year) \_\_\_\_\_

Are you currently enrolled as a student? If so, where/anticipated completion date \_\_\_\_\_

Marital Status \_\_\_\_\_

Names/Ages of children \_\_\_\_\_

Other languages spoken \_\_\_\_\_

Do you have access to transportation? \_\_\_\_\_

Have you ever worked for the Juvenile Court or DFCS? \_\_\_\_\_

Are you a foster parent? \_\_\_\_\_

List any charges, arrests, and/or convictions, other than traffic violations, and list dates, county/state, and disposition of each (An applicant having a charge or conviction for a crime involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA Program's credibility is disqualified as a CASA volunteer. Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively affect the credibility of the CASA Program will be considered on a case-by-case basis considering the time passed since the incident and the level of rehabilitation.)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been investigated by the Department of Family and Children Services or an equivalent organization in another state for child abuse or neglect? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Please name any hobbies or special interests that you enjoy \_\_\_\_\_

\_\_\_\_\_

When can you attend CASA training? Please check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**References: On this page, please list names and contact information of four persons who will be willing to provide referral information (2 professional and 2 personal; family members not accepted.) If currently employed, please list your supervisor first. Also, note that each person you identify will receive a reference form to complete and return to the Venango County Voices for Children CASA Program.**

1. Name \_\_\_\_\_ Occupation/Business \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation/Business \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Occupation/Business \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Occupation/Business \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please answer the following questions on a separate sheet of paper. Your answers may be handwritten or typed. (Two or three sentences for each is sufficient)

1. Briefly explain why you want to be a CASA volunteer.
2. Briefly explain your philosophy of parenting, including the rights and responsibilities of parents and children.
3. Briefly explain what role you believe society should play in protecting children versus assisting a family in overcoming hardships in order to function and ultimately live together as one unit.
4. Please write a brief autobiographical statement.

## AFFIRMATION AND RELEASE

I, \_\_\_\_\_, hereby affirm that all the answers provided on my volunteer application are true. I understand that the information requested will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate. I understand that this application does not ensure appointment as a CASA volunteer. I understand that completion of training does not guarantee that I will be assigned a case. After successful completion of my training, I further understand that I will be expected to serve a minimum of 18 months with the CASA Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit a written resignation to the Program Director with as much advance notice as possible.

I am aware that I will be examining sensitive, confidential documents, reports and other material in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case at Court or those who will be consulted for their professional knowledge or expertise. I will not divulge this confidential information to anyone else.

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Signature

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Date