



Court Appointed Special Advocates of Polk & Haralson, Inc.
424 North Main Street, Suite 7 Cedartown, Georgia 30125
Phone (678) 901-1021
Email Jennifer.ONeal@polkharalsoncasa.org

Dear Prospective Volunteer,

Thank you so much for your interest in our program. As a CASA volunteer, you will ultimately help to change a child's life for a brighter future. You can help end the cycle of abuse and neglect. Among other benefits, you will have an opportunity to learn about the juvenile court system and become actively involved in your community.

Characteristics shared by great CASAs include:

- Being sincere and care for the well-being of children
- At least 21 years old
- Passing a criminal background check
- Good verbal & written communication skills
- Ability to be objective and non-judgmental
- Commitment to CASA for at least 1 year or until case is resolved

For an abused or neglected child, a CASA is someone who listens. A CASA fight for that child by reaching out to teachers, social workers, parents, lawyers, caregivers and anyone else who can meet the child's needs. A CASA is someone whose sole mission is to help clear a path out of the complex, overburdened child welfare system and into a permanent home.

please complete and return the application to our office. Please do not hesitate to contact me with any questions or to schedule an interview. We would love to have you join us.

Regards,
Jennifer O'Neal
Advocacy Coordinator
770-547-3554
Jennifer.Oneal@polkharalsoncasa.org

For more information, please visit the following websites:

www.casaforchildren.org

www.gacasa.org

www.polkharalsoncasa.org



CASA
Court Appointed Special Advocates
FOR CHILDREN

Court Appointed Special Advocates of Polk & Haralson, Inc.

424 North Main Street, Suite 7 Cedartown Georgia 30125

Phone (678) 901-1021

Volunteer Application

Name: _____
 (Last) (First) (MI)

Home Address: _____ County: _____
 City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ | _____
 (Home) (Cell)

Emergency Contact Person: _____

Emergency Contact Number: _____

How did you hear about CASA? _____

Background Check Identifiers

*Date of Birth: _____

Place of Birth: _____

SSN: _____

*Gender: Male | Female

Race: _____

*Eye Color: _____

Hair Color: _____

*Height: _____ *Weight: _____

Country of Citizenship: _____

*DL#: _____ *State: _____

Employer: _____ Position: _____ Full-Time or Part-Time

Length of Employment? _____ May we contact you at work? Yes ___ No ___

Work Address: _____ County: _____ City: _____

State: _____ Zip: _____ Work Phone: _____

Please circle the highest level of education completed:
 Some High School | High School | Some College | College Graduate | Post-Graduate

Do you speak a foreign language? Yes ___ No ___ Language(s): _____

Please list any related training or experience (salaried or volunteer): _____

Please list your volunteer service and length of service: _____

***Please use your driver's license to complete these questions.**

Please briefly answer the following questions:

Why do you want to be a CASA volunteer? _____

How do you benefit from helping others? What motivates you? _____

Which life experiences have contributed to your desire to be a helper? _____

What are the strengths that you bring to the helping profession? _____

What limits your effectiveness as a helper? _____

What role do you believe society should play in protecting children as opposed to assisting a family in overcoming hardships in order to function and ultimately live together as one unit? _____

Please use the calendar below to note your availability to attend CASA training.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have access to reliable transportation? Yes ___ No ___

Do you prefer to work with a particular age group? If yes, please circle your preference:

0-4 | 5-9 | 10-14 | 15-18

Do you prefer to work with one gender over the other? If yes, please circle your preference:

Male | Female

Have you ever worked for the juvenile court? Yes ___ No ___ If yes, in what capacity and when? _____

Have you ever worked for the Department of Family and Children Services? Yes ___ No ___ If yes, in what capacity and when? _____

Have you ever been a foster parent? Yes ___ No ___ If yes, are you currently? Yes ___ No ___

Have you ever had a case with, or investigation performed by, the Department of Family and Children Services? Yes ___ No ___ If yes, please explain: _____

List any charges, arrests, and/or convictions (**other than minor traffic violations**), as well as the dates, county and state, and disposition associated with each: _____

***Please note that applicants having a charge or conviction for a crime involving a sexual offense, child abuse, neglect or related acts that would pose a risk to children or to the credibility of the CASA program are not eligible to volunteer with CASA. Applicants with other misdemeanor or felony charges and/or convictions that would NOT pose a risk to children or negatively affect the credibility of the CASA program may be considered on a case-by-case basis taking in to consideration the amount of time passed since the incident and the level of rehabilitation exhibited by the applicant.**

Please list the names and contact information of two professional (salaried or volunteer work) **and** two personal references (**no family members**). If currently employed, please list your supervisor first.

Name _____ Relationship _____ Daytime Phone _____

Address _____ City _____ State ____ Zip _____

Name _____ Relationship _____ Daytime Phone _____

Address _____ City _____ State ____ Zip _____

Name _____ Relationship _____ Daytime Phone _____

Address _____ City _____ State ____ Zip _____

Name _____ Relationship _____ Daytime Phone _____

Address _____ City _____ State ____ Zip _____

Consent to Use Photograph

I, _____ grant, to CASA of Polk/Haralson County, the right to photograph me in connection with the volunteer work I am doing for this organization. I authorize Polk/Haralson CASA to copyright, use and publish such photographs electronically and in print with or without my name for any lawful purposes including, but not limited to, publicity, illustration, advertising, and internet content.

By signing, I affirm that I have read, fully understand, and agree to the terms and conditions regarding the photography of volunteers by CASA of Polk/Haralson County.

Signature _____ Date _____

AFFIRMATION AND RELEASE

I, _____ hereby affirm that all of the answers provided on my volunteer application are true and complete to the best of my knowledge, and that if accepted into the program as a volunteer, any false or misleading statements on this application shall be grounds for dismissal. 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 completion of this application does not guarantee acceptance into the program and completion of training does not guarantee that I will be assigned a case. After successful completion of my training, 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 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 the Court or those who will be consulted for their professional knowledge or expertise. I will not divulge this confidential information to anyone else.

I hereby authorize CASA and any law enforcement agency or other appropriate agency to receive any criminal history record information and state central registry information (from the Department of Family and Children Services) pertaining to me, which may be in files or any federal, state, or local criminal justice agency in the United State, and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and received on a continual basis during the period of time that I am an active volunteer for the CASA program.

By signing, I acknowledge that I have read, understand and agree to this affirmation and release.

Signature _____ Date _____

**POLK COUNTY JUVENILE COURT
HARALSON COUNTY JUVENILE COURT
STATE OF GEORGIA**

CASA CONFIDENTIALITY AGREEMENT

I, _____, hereby promise to maintain the confidentiality of any and all information received regarding the children and families whose circumstances are revealed to me by my association with the CASA program as a volunteer trainee, volunteer advocate, or in any other capacity. If I do not uphold this promise, I understand that this will be grounds for dismissal from the CASA of Polk and Haralson program. Additionally, I understand that Georgia law states that all records and information acquired, reviewed or produced by CASA during the course of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court. Any CASA who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

Further, should I leave the CASA program, I agree not to acknowledge, reveal or divulge an information regarding past cases presented in the juvenile court to anyone for any reason.

Signature: _____ Date: _____

Witnessed by: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Polk County Sheriff's Office Criminal Justice Agency to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____
 Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) - Provides <i>Georgia</i> Felony Convictions Only

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title _____ Date _____



CJCC
Criminal Justice Coordinating Council



Volunteer Contract
VOCA/VAWA Grants
October 1, 2018 – September 30, 2019

Grant# _____

I, _____, as a volunteer for _____ agree
Please Print Please Print

to the following:

1. Work a schedule mutually acceptable to the agency and volunteer;
2. Become thoroughly familiar with the policies and procedures set forth by the agency;
3. Be prompt and reliable in reporting to work and keep an accurate record of hours worked by signing in and out on the appropriate forms;
4. Attend orientation and training sessions, as required, and undertake continuing education provided by the agency as necessary to maintain competence;
5. Provide the Volunteer Coordinator advanced written notice of resignation or requesting leave of absence;
6. Notify the program staff as early as possible if unable to report to work;
7. Perform with dignity and caution when acting as a representative of the agency;
8. Avoid entering into any agreements with third parties or assuming any third party responsibilities on behalf of the agency;
9. Maintain confidentiality of all client information and all other information deemed confidential by the agency;
10. Maintain the security of the agency at all hours and help promote the safety of other volunteers, program staff, and clients;
11. Assist in any temporary job assignments outside those specified in the particular job description should it be beneficial to the agency and within the scope of the volunteer's time or skills;
12. Treat other volunteers, program staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age.

Volunteer Signature _____ Date _____

Volunteer Coordinator _____ Date _____

This contract is valid during the period of October 1, 2018 – September 30, 2019