CASA of Central Virginia Sidekicks Volunteer Application



Important Application Instructions: Please fully complete the application below, indicating N/A for any sections that do not apply. This application must be typed. Handwritten applications will not be accepted.

Date of Application://					
Have you attended an Information Session? Date attended:					
Are you a former CASA volunteer or Board Member? If yes, please list dates of service:					
Contact Information					
Full Name:					
	Ave been known (nicknames, previous married names):				
Home Address:	Apt #:				
City:	State: Zip:				
Cell Phone #: (Personal Email:				
Social Security Number:					
Employer:	Title:				
	Apt #:				
	State: Zip:				
Demographics					
Gender: ☐ Female ☐ Male Race: ☐ Caucasian ☐ African Americ Ethnicity: ☐ Hispanic/Latino					
Primary Language: English Spai	nish				
	nglish				

Additional Information

☐ Yes	□ No	If so, when:	In which Court(s):
Reason: _			·
Have you	ever beei	n the subject of a Chile	d Protective Services (CPS) complaint?
If yes, plea	ase explain:	:	
Do you co	onsent to	a routine check of you	r criminal records?
sex offense	e, child abu		f, or having charges pending for a felony or misdemeanor involving a acts that would pose risks to children or the CASA program's ard member.
Recruit	ment		
How did y	ou hear ab	oout CASA?	
Do you ha	ve any ide	as for ways to us to spr	ead the word?
Volunte	eer Ack	nowledgement	
☐ I agree	e to particip	oate in at least one CASA	volunteer opportunity each month.

By typing/signing my name below, I hereby certify that all statements on this application are true and correct to the best of my knowledge.	
Name: Date:/	