

VOLUNTEER APPLICATION



Name: _____ Date: _____

Present Address: _____

Dates at residence: _____

Former Address: _____

Dates at residence: _____

Home Phone: (____) _____ E-Mail: _____

Gender: _____ Age: _____ Date of Birth: _____

Notify in case of emergency: _____
Name Phone

If applicable, names and ages of your children? _____



Are you employed? _____

Where? _____
(name and address)

Business Phone: (____) _____ May we contact you at work? _____

How long have you held this job? _____ Supervisor: _____

Education:

Highest level completed:

Name(s)/dates attended:

Area(s) of study:

How did you hear about PARACHUTE? _____



Employment History (Last 5 Years)

Experience working/volunteering with children: (give name of agency(s)/employers, dates, brief description of responsibilities)

Other volunteer experience? (give name of agency(s), dates, brief description of responsibilities)

Additional areas of expertise/skills:

How would you describe yourself to another person?

What are your current interests and activities? Also list memberships in clubs and organizations.

Why do you want to become a PARACHUTE volunteer?

Why do you feel suited to be a PARACHUTE volunteer? (What skills, abilities, characteristics do you have to offer PARACHUTE and the children of Butler County?)

What do you think may be your biggest problem area/weakness as a PARACHUTE volunteer?

What additional information do you need about PARACHUTE?

What days or hours are you generally available to volunteer for PARACHUTE?

Describe additional personal or employment constraints that may restrict your time:

Have you applied or been involved with another CASA/GAL program in Ohio, another state or U.S. Territory? Yes No

If so, which programs (provide all)

Have you ever been charged or convicted of any criminal offense? If you answer yes, please describe the offense, the date of conviction and the sentence and disposition of the case.

Do you have a prior history with any Child Protective Services Agency?
 Yes No * If yes, please explain:

Please list any treatments or hospitalizations for physical/mental or substance abuse issues that could affect your volunteer performance:

Do you have any personal experiences with child abuse or neglect?
 Yes No *If yes please explain:

REFERENCES

**Please inform your references that we will be contacting them soon.
Please do NOT include family members as references.**

Please give complete addresses, as a written reference will be mailed to those listed.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

RELEASE OF INFORMATION

I hereby give my informed consent to PARACHUTE: Butler County CASA, to complete a thorough investigation of my character and fitness to be a CASA/GAL volunteer. By signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided. I further authorize police checks, Bureau of Criminal Investigation checks, National Checks, Sex Offender Registration, children's protective services agencies history checks, Prosecutors Office and Bureau of Motor Vehicles. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL volunteer and may be shared with other CASA programs, if appropriate. I further understand that Ohio law may require additional background checks in the future to remain a CASA/GAL volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL volunteer.

This release is good until revoked by me, in writing, at anytime before it has been acted upon. Criteria used in the selection of CASA/GAL volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age (if at least 21 years of age), or marital status.

*I understand that PARACHUTE: Butler County CASA reserves the right to determine which individuals are suitable to become CASA/GAL volunteers. Individuals who have pending charges or who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol, or any offense which is listed in the Ohio Revised Code as disqualifier "for those working with children" and/or who have a history with a children's protective service agency may not be accepted as a CASA/GAL volunteer. An individual who has been adjudicated to have abused or neglected children including, but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will **NOT** be accepted as a CASA/GAL volunteer.*

Signature of Applicant

Date

Print Name: _____

Also Known As: _____
(Include maiden name and/or previous married name)

Social Security #: _____

Date of Birth: _____