



The CASA Program for Bracken, Fleming and Mason Counties, Inc.

The Mason County Judicial Building – 100 West Third Street

P.O. Box 631 – Maysville, KY 41056

Shanda Hamilton, Executive Director

Phone 606-563-7431 - FAX 606-564-8152 – E-Mail CASA@maysvilleky.net

VOLUNTEER APPLICATION

The CASA Program for Bracken, Fleming and Mason Counties, Inc.

Name: _____

Address: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Cell Phone: _____

Date of Birth: _____ E-Mail: _____

If married:

Spouse's Name: _____

Spouse's Occupation: _____

Children:

Name: _____	DOB: _____	M/F _____
-------------	------------	-----------

Other members of household:

Name: _____	Relationship: _____
-------------	---------------------

Do you drive? Yes _____ No _____

Can you provide your own transportation? Yes _____ No _____

Level of Education (Circle highest completed)

High school: 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

Major: _____

Degree (s) _____

Currently Enrolled in School? Yes_____ No_____

If yes, what school/course of Study?

Work/Volunteer History (Most Recent First)

1. Employer or volunteer project name and address:

Dates:_____ Supervisor's Name:_____

Brief Description of Work:

2. Employer or volunteer project name and address:

Dates:_____ Supervisor's Name:_____

Brief Description of Work:

3. Employer or volunteer project name and address:

Dates:_____ Supervisor's Name:_____

Brief Description of Work:

List other community activities (Clubs, church or other organizations)

Languages Spoken: _____

Hobbies/Special Interests:

When would you be available?

Mon____Tues____Wed____Thur____Fri____Sat____

Morning____Afternoon____Evening____

Approximately how much time can you volunteer? _____

Do you have training or experience in any of the following?

- | | |
|----------------------------------|-----------------------|
| _____Medicine | _____Education |
| _____Mental Health | _____Criminology |
| _____Healthcare | _____Counseling |
| _____Psychology | _____Law Enforcement |
| _____Drug/Alcohol Abuse Programs | _____Advertising |
| _____Child Development | _____Public Relations |
| _____Child Care | _____News Media |
| _____Social Work | _____Writing |
| _____Art/Graphics | _____Public speaking |

If you answered yes to any of the above, please describe:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, what was the charge? _____

Date of conviction _____ Where? _____

Is there any reason the judge might be reluctant to appoint you to a case?

Yes _____ No _____ If yes, why?

How did you learn about the CASA program?

Please make a brief statement explaining why you want to work with the CASA program?

Personal References

(If you are employed, one reference should be from your employer)

1. Name: _____

Address: _____

Telephone: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone: _____ Relationship: _____

In case of emergency, contact:

Telephone# _____