



**CASA of Greene County**  
52 S Church Street - Waynesburg, PA 15370  
Office: 724-802-7347 Cell: 724-833-2615  
greencountycasa@gmail.com  
www.GreeneCountyCASA.org

## CASA OF GREENE COUNTY ADVOCATE APPLICATION

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Telephones: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time Part Time

Best Times to Call: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

How did you hear about the CASA program?

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

Have you ever had personal experience with any of the following?

Child welfare Y N

Foster care Y N

Court system Y N

Social service agencies Y N

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

Please describe any other volunteer and community activities:

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Educational Background (highest level completed/year):

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Are you currently enrolled as a student? If so where/anticipated completion date:

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Marital Status:

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Ages of children:

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Other languages spoken:

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Do you have a valid driver's license and access to transportation?

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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.)

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Have you ever been investigated by Children and Youth Services or an equivalent organization in this or another state for child abuse or neglect? Yes No

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CASA volunteers are required to complete a pre-service training of approximately 30 hours as well as 12 hours annually of in-service training. They need to be available to attend court hearings, visit children at least monthly, attend case related meetings and maintain telephone contact during the business day with other professionals on the cases to which they are assigned. Are you able to make those commitments? Yes No

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**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 CASA of Greene County. If you have been a CASA in another state or county, please provide a reference from that program.**

1. Name \_\_\_\_\_ Occupation/ Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation/ Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

3. Name \_\_\_\_\_ Occupation/ Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

4. Name \_\_\_\_\_ Occupation/ Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

**Please answer the following questions. Your answers may be handwritten or typed. (Two or three sentences 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 both parents and children.

3. Briefly explain what role you believe society should play in protecting children and seeing that they are placed in safe permanent homes while also assisting parents to remedy the problems that brought their children into foster care so that they can be reunified with their children.

4. Please write a brief autobiographical statement.

**AFFIRMATION AND RELEASE**

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility is not eligible to be a CASA volunteer.

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Greene County, Inc., and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer. Such investigation will include child abuse history checks.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of eighteen months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program directed with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with persons involved in the case.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION TO  
GREENE COUNTY CHILDREN AND YOUTH SERVICES**

To: Greene County Children and Youth Services

From: CASA of Greene County

Date: \_\_\_\_\_

Re: CASA Background Check

I hereby authorize the Greene County Children and Youth Services agency to release any suspected child abuse information, protective services information, or any other pertinent information regarding my affiliation with your agency to CASA of Greene County.

I understand this information is confidential and will be used for professional purposes only and a photo static copy of this authorization will be considered valid.

Further, I acknowledge and I agree that I will not be permitted access to any information provided to CASA of Greene County pursuant to this release.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION  
CASA OF GREENE COUNTY**

I, \_\_\_\_\_ hereby authorize a representative  
(please print name)  
of CASA of Greene County to conduct an investigation into my background in conjunction with their official duties.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to CASA of Greene County.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for the official use of CASA of Greene County.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE**

\_\_\_\_\_  
FULL NAME (Please print)

\_\_\_\_\_  
PREVIOUS NAMES (Maiden, etc.)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH

SEX : Male Female

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

- PREVIOUS ADDRESS(ES) (past 5 years):
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_