



**VOLUNTEER APPLICATION**  
**CASA OF TROUP COUNTY, INC**

Please TYPE or PRINT legibly and complete entire application.

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

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

(circle one) Full-time OR Part-time Length of employment: \_\_\_\_\_

Work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone numbers:  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Sex (circle one) Male OR Female Ethnicity \_\_\_\_\_

Emergency contact person \_\_\_\_\_  
& phone number \_\_\_\_\_

How did you hear about the CASA program? \_\_\_\_\_

**Education** – Please circle highest level completed:

Some High School / High School / Some College / College Graduate / Post-Graduate

Do you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ Language(s): \_\_\_\_\_

Check any training or experience (salaried or volunteer) in any of the following categories:  
(NOTE: None is required to be a CASA Volunteer.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child care                     | <input type="checkbox"/> Mental health                   | <input type="checkbox"/> News/media                   |
| <input type="checkbox"/> Child development              | <input type="checkbox"/> Counseling/psychology           | <input type="checkbox"/> Writing/editing              |
| <input type="checkbox"/> Child welfare                  | <input type="checkbox"/> Medicine                        | <input type="checkbox"/> Public speaking              |
| <input type="checkbox"/> Social work                    | <input type="checkbox"/> Education                       | <input type="checkbox"/> Arts/graphics                |
| <input type="checkbox"/> Personnel                      | <input type="checkbox"/> Law                             | <input type="checkbox"/> Fund raising                 |
| <input type="checkbox"/> Criminology or law enforcement | <input type="checkbox"/> Drug/alcohol treatment programs | <input type="checkbox"/> Advertising/public relations |

Please describe any above experiences that may be applicable to CASA.

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Please list volunteer service and length of service. \_\_\_\_\_

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Have you ever worked for the juvenile court? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the Dept. of Family & Children Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a foster parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Currently? Yes \_\_\_\_\_ No \_\_\_\_\_

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 had a case with, or investigation performed by, the Department of Family and Children Services? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

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When can you attend CASA training? Please check available times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If relevant, please list any specific days when you cannot attend: \_\_\_\_\_

Do you prefer to work with any particular age group? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list ages: \_\_\_\_\_

Do you have access to transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**References** - Please list names and contact information of 4 people (2 professional – salaried or volunteer work – and 2 personal – *no family members, please*). If currently employed, please list supervisor first. Please fill out mailing address or email address.

1. Name \_\_\_\_\_

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

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

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

2. Name \_\_\_\_\_

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

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

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

3. Name \_\_\_\_\_

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

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

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

4. Name \_\_\_\_\_

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

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

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

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Please briefly answer the following questions. (Two to four sentences each is sufficient.)

Why do you want to be a CASA volunteer? \_\_\_\_\_

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

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Please write an autobiographical statement. \_\_\_\_\_

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## AFFIRMATION AND RELEASE

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. 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 this application does not ensure appointment as a CASA volunteer. I understand that completion of training does not guarantee that I will be assigned a case. After successful completion of my training, I further 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 of any federal, state or local criminal justice agency in the United States, and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and be received on a continual basis during the period of time that I am an active volunteer for the CASA program.

I certify that the answers given in this application are true and complete to the best of my knowledge, and understand that if accepted into the program as a volunteer, any false or misleading statements on this application shall be grounds for dismissal.

Please complete the following information needed for background checks:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth: month/day/year

\_\_\_\_\_  
Social Security Number

Please circle one:

African American / Asian / Caucasian / Hispanic / Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*CASA OF TROUP COUNTY, INC.  
SOCIAL MEDIA POLICY*

CASA of TROUP COUNTY, INC., believes that social media, when used appropriately, can be a powerful tool to increase awareness, support and sense of community as we engage in advocacy for abused and neglected children. We also believe it is important that those who choose to engage in social media understand what is recommended, expected and required when they discuss CASA-related topics. Our ability to serve children depends entirely on the trust and support of our community, and it is critical that we handle the confidential information entrusted to us responsibly. When you engage in social media and online communication, you become a public figure. As a public figure that is associated with CASA, you have a responsibility to help protect this organization and to protect the children we serve.

CASA OF TROUP COUNTY, INC. (Court Appointed Special Advocates) Staff and Volunteers shall refrain from posting inappropriate material, links to inappropriate websites, or undesirable comments, references or pictures anywhere on the web where the posting directly or indirectly makes reference to the Troup CASA Program or any name meant to refer to the organization. Volunteers and found to be in violation of this policy may be sanctioned at the discretion of the Executive Director.

This policy includes public postings to any electronic media including, but not limited to intranet and internet forums, face book, twitter, blogs, web logs, instagram, online web communities, list serves, internet diaries, instant messaging, text messaging, podcasts, U-tube, web postings -- such as those in chat rooms, on bulletin boards, websites or web pages. Public/shared email, online compilations of photographs or videos, and links to any of the foregoing items are also prohibited.

"Inappropriate material" shall be defined as postings, depictions or descriptions of illicit substances and/or their paraphernalia, underage drinking; harassing, hostile, false, or confidential information and any other acts that violate local, state, federal, or the Troup CASA Program laws, statutes, rules, and regulations. Also prohibited are prejudiced or discriminatory statements against any individuals, businesses, government agencies or groups. Staff and Volunteers within the Troup CASA Program should avoid creating the impression that the views expressed through any electric or social media outlet are anything more than personal opinions.

Postings which directly or indirectly make reference to the Troup CASA Program include, but are not limited to, postings which name CASA, the Court Appointed Special Advocate Program or any name meant to refer to the organization; photographs or videos which depict the CASA name, logo, or symbols or a web page referring to CASA; and usernames or email addresses which indicate an affiliation with the Troup CASA Program.

I have read, understand and will abide by the **CASA OF TROUP COUNTY, INC. Staff/Volunteer Social Media Policy**; enhancing the credibility of the CASA role and integrity of my activity as a staff member and CASA.

Signature \_\_\_\_\_  
Volunteer/Staff

\_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

Court Appointed Special Advocates  
Of Troup County, Inc.



CASA OF TROUP COUNTY, INC.  
CONFIDENTIALITY AGREEMENT

Acceptance as a Court Appointed Special Advocate or CASA volunteer is conditional on adherence to the most rigid rules of confidentiality. By signing this agreement, the CASA understands and agrees to the guidelines stated below:

1. This confidentiality form encompasses both the court observation sessions due to the fact that actual cases will be reviewed and that many of these proceedings are closed to the public. It is imperative that no case be discussed with anyone other than staff of Troup CASA.
2. I understand that when I accept the appointment as CASA, I become an Officer of the Court and will receive court documents. While my cases are active and I need my file for reference, I will keep it in a safe place. Once my case has been discharged, I will return my file to the Troup CASA Office within seven days of being discharged.
3. I understand I am not to discuss this case with anyone other than the parties involved to the case and the staff of the Troup CASA Program. This includes my spouse, if applicable.

I, \_\_\_\_\_, have read and understand the Troup CASA, Inc. Confidentiality Agreement and by my signature below do hereby consent to comply with the Code of Confidentiality.

\_\_\_\_\_  
CASA signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness





# CJCC

Criminal Justice Coordinating Council



## Volunteer Contract VOCA/VAWA Grants October 1, 2019 – September 30, 2020

I, \_\_\_\_\_, as a volunteer for \_\_\_\_\_ agree  
to the following:

Please Print

Please Print

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 \_\_\_\_\_

## CASA VOLUNTEER PLEDGE

As a CASA volunteer, I pledge to ...

- Stay up- to- date on the laws that affect the children and families with whom I work, including confidentiality laws
- Continue to increase my cultural competence and serve all children without bias
- Use the resource lens when working with families
- Remain aware of how my views about mental illness, domestic violence, substance abuse, and poverty affect the work that I do
- Focus on permanency as the goal for the children with whom I work
- Use the communication skills I have learned to collaborate with others on a case
- Conduct thorough investigations
- Write court reports that present the best interest of the child, and submit the reports on time
- Continue to learn and to take care of myself

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CASA Volunteer Preference Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Work Number \_\_\_\_\_

Please circle your preference.

Gender:	Male	Female	Either	
Number of Children:	Single	Sibling Group	Either	
Age:	Any	Birth to 5	6 to 11	12 to 18

Geographic area: \_\_\_\_\_

If a child was placed outside the county or family members lived outside the county, would you be willing to travel there? \_\_\_\_\_

Prefers NOT to work with this type of disability: Cardiac      Cerebral palsy      Circulatory  
Hearing      Learning Disability      Mental retardation      Mobility      Neurological      Respiratory  
Psychological      None      Other \_\_\_\_\_

Prefers NOT to work with this type of abuse situation:

Sexual abuse      Physical abuse      Emotional abuse      Physical neglect  
Medical neglect      Abandonment      Educational neglect

Skills and Interests \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Volunteer Applicant Fingerprint Registration

*This information needs to be entered into the GAPS online registration system prior to visiting a fingerprinting site.*

#### Personal Information

Last Name

First Name

Middle Name

Suffix

SELECT

Date of Birth

(MMDDYYYY)

Place of Birth

SELECT

SSN(no dashes)

Note: If you leave SSN blank you must use your Registration ID at the Fingerprinting Site.

Reenter SSN

Sex

SELECT

Race

SELECT

Eye Color

SELECT

Hair Color

SELECT

Height

SELECT

Weight

Country of Citizenship

SELECT

Driver's License No.

Driver's License State

SELECT

Address

City

State

SELECT

Zip

Phone #



# JAMES WOODRUFF

Sheriff of Troup County

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize \_\_\_\_\_ to receive  
(Person or company name to receive criminal history)

Any Georgia criminal history record information pertaining to me which may be 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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Special employment provisions (check if applicable) \_\_\_\_\_

Employment with mentally disable (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked if applicable:

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from the 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.

By signing this consent form, I agree to hold harmless Sheriff James Woodruff, all employees of the Troup County Sheriff's Office and Troup County Government from any civil liability of any kind or description. The information supplied due to this form is based on GCIC/NCIC only. For any questions, you may contact John Sweat at (706) 883-1616 Ext. 252.

Do not write below this line, for departmental use only.

\_\_\_\_\_ No identifiable record in GCIC.

\_\_\_\_\_ See attached printout from electronic search.

\_\_\_\_\_ Positive identification cannot be made of this subject without fingerprint comparison.

Signature of approving official \_\_\_\_\_ Date \_\_\_\_\_

MODIFIED 05-21-2018 JSS