



CASA For Clermont Kids!

313 E. Main Street
Batavia, Ohio 45103
513-735-SAFE

APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE:() _____ WORK PHONE: () _____

CELL PHONE:() _____ E-MAIL ADDRESS _____

DOB: _____ SS# _____

Previous addresses in the past 7 years:

street	city	state	zip code	dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

VEHICLE INS.COMPANY: _____

Do you have the required legal amount of Insurance? _____

EMPLOYER: _____

ADDRESS: _____

PHONE#: _____ POSITION: _____ HOW LONG? _____

May we use your employer as a reference? _____

If no, please explain. _____

NEXT MOST RECENT EMPLOYER: _____

ADDRESS: _____

POSITION: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

THIRD MOST RECENT EMPLOYER (IF LESS THAN 5 YEARS): _____

ADDRESS: _____

POSITION: _____ DATES OF EMPLOYMENT: _____

HAVE YOU EVER BEEN DISMISSED FROM OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ___YES

___NO If yes, please explain _____

EDUCATION COMPLETED: ___High School ___Some College ___Asso. Degree ___Bachelor Degree ___Graduate Degree ___Law Degree ___Medical Degree

EDUCATION: (Please list all information including Major and Minor fields of study and any Specialties)

MARITAL STATUS: ___Married ___Single ___Widowed ___Divorced

Spouse Name:_____

Children's Names and ages: _____

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?_____

Branch:_____

Dates:_____ Type of Discharge:_____

*****IN CASE OF EMERGENCY*****

CONTACT PERSON:_____

RELATIONSHIP:_____

TELEPHONE #:_____ /CELL PHONE:_____

POSITION OF INTEREST: ___*CASA/GAL ___ Student Intern ___Administrative Volunteer ___Speakers Bureau
GAL Appointment requires a minimum two year commitment and an average of 3 to 15 hours monthly.

HOW DID YOU HEAR OF OUR PROGRAM?_____

DO YOU CURRENTLY VOLUNTEER IN ANY CAPACITY? ___YES ___NO, If YES, please list the agency/
organization and to what capacity you serve, including length of time_____

HAVE YOU APPLIED TO OR BEEN INVOLVED WITH ANOTHER CASA/ GAL PROGRAM IN OHIO, ANOTHER
STATE OR U.S. TERRITORY? IF SO, WHICH PROGRAMS (provide all)_____

GIVE A BRIEF SUMMARY OF WHY YOU ARE INTERESTED IN CASA:_____

PLEASE LIST YOUR EXPERIENCES WORKING WITH CHILDREN:_____

WHAT QUALITIES COULD YOU BRING TO YOUR VOLUNTEER DUTIES?_____

AS A VOLUNTEER, WHAT WOULD YOU LIKE TO ACCOMPLISH FOR YOURSELF?_____
