

Please print out this form and mail to:
CASA of NH, P.O. Box 1327,
Manchester, NH 03105-1327



Court Appointed Special Advocate Program: Volunteer Application Form

Name: _____ Maiden Names/Alias: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ Phone: _____

(City)

(State)

(Zip)

E-mail Address: _____

Employed by (if employed): _____ Work Phone: _____

Work Address: _____

May you be called at work? Yes No Work Hours: _____

Brief description of work: _____

Formal Education (Highest year of school completed): _____

Do you speak a foreign language? Yes No. If yes, what language(s): _____

Do you drive? Yes No. Do you have regular access to a car? Yes No

List Current Community Activities: _____

List current and previous volunteer work (Include all previous volunteer work, a brief description of duties/activities, and dates of service.) _____

As a CASA Guardian ad Litem you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes No

Are you willing to commit to the life of a child's case you are assigned to? Yes No

What are your reasons for wanting to become a CASA volunteer? _____

Have you had any personal or professional experience(s) involving:

Child Welfare Foster Care Court System Other agencies offering services to a child

If so, please explain: _____

How did you learn of the CASA of NH program? _____

Have you ever been arrested for or convicted of a crime other than a traffic violation? Yes
 No

If yes, please explain charge? _____

Date convicted: _____ Where: _____

Do you consent to a check of your criminal records, child abuse registry records and DCYF records?
 Yes No

Can you think of any reason why a judge might be reluctant to have you serve as a CASA/GAL?

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	NAME	COMPLETE ADDRESS	Zip Code	Phone #	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in NH? _____ In your current residence? _____

Have you ever applied to be a CASA volunteer or served as a CASA volunteer in this state or another state? No Yes If yes, what state and when? _____

CASA of New Hampshire, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information will be held in the strictest confidence.

(Applicant's Signature) (Date)

Please mail this application to: Diane Peragine
CASA of New Hampshire, Inc.
P.O. Box 1327
Manchester, NH 03105-1327