



**Court Appointed Special Advocate  
 Program  
 Volunteer Application  
 Utah Office of Guardian ad Litem  
 and CASA**

**Application for Volunteer CASA Program**

Please Print or Type

Name	Date of Birth		
Alias or Preferred Name	Ethnicity / Race		
Mailing Address	City	State	Zip
Street Address (If different from Mailing Address)	City	State	Zip
Home Phone	Cell Phone		
E-mail Address (please print)			
Emergency Contact person	Relation	Phone	

**Employment Information**

Employment status					
	Full time	Part time	Retired	Student	Not employed

Name of Employer (if applicable)	Job Title
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**Education Information**

Highest year of school completed	Field of Study	Languages you speak fluently
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**Driver Information**

Valid Driver's License:	Yes	_____	No	_____
Access to Insured Vehicle:	Yes	_____	No	_____



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**List current and previous volunteer or community activities:**

Name of agency or activity	Brief description of duties and activities	Dates of service

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> News Media              |
| <input type="checkbox"/> Child Care                      | <input type="checkbox"/> Education                      | <input type="checkbox"/> Other Agency experience |
| <input type="checkbox"/> Child Development               | <input type="checkbox"/> Foster Care                    | <input type="checkbox"/> Psychology              |
| <input type="checkbox"/> Child Welfare                   | <input type="checkbox"/> Graphic Arts                   | <input type="checkbox"/> Public Speaking         |
| <input type="checkbox"/> Counseling                      | <input type="checkbox"/> Law Enforcement                | <input type="checkbox"/> Social Work             |
| <input type="checkbox"/> Court System                    | <input type="checkbox"/> Medicine                       | <input type="checkbox"/> Writing                 |

Please Describe

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Are you willing to commit to **one year** with CASA? Yes  No

**How did you learn of the CASA program?**

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**Personal History**

Have you ever been a victim of abuse? Yes  No

If yes, please describe what steps you have taken to cope with the abuse:

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Have you ever been convicted of a crime? (Exclude minor traffic violations.) Yes  No

Charge	Date or disposition	Place incident took place

Charge	Date or disposition	Place incident took place

Do you consent to a yearly review of your criminal records? Yes  No

Do you consent to a yearly review by the Department of Child and Family Services? Yes  No

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**Please state why you want to work with the CASA / Guardian ad Litem Program.**

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**References**

(please refrain from using immediate family members)  
CASA Program Coordinator will email forms to your references

Name	Relation	phone
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Email Address
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Name	Relation	phone
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Email Address
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Name	Relation	phone
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Email Address
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**AFFIRMATION AND RELEASE**

I, the undersigned, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA/GAL program to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL volunteer. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA coordinator 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 Court Appointed Special Advocate. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. **I understand any breach of confidentiality could result in my dismissal as a CASA.**

Name (please print)	Date
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Signature
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Please return this completed application by email or mail to the  
Program Coordinator in your area.