

PERSONAL REFERENCES: At least one reference must be from someone other than a friend or a co-worker. For example: teacher, therapist, employer. Please use people other than relatives and provide complete addresses.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Knox County and any law enforcement agency they authorize, 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 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 one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Director 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 those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

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.

Name (please print): _____ Date: _____

Signature: _____ Witness: _____
(CASA Program Staff)