



211 E. Franklin St., Suite E  
Appleton, WI 54911  
casafoxcities@gmail.com  
920-257-4733

## Non-Advocate Volunteer Application

### **Personal Information** *(please print)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Race (optional) \_\_\_\_\_ Gender (please circle) Male Female

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Other Languages (fluent read/write)

\_\_\_\_\_

Education (highest grade completed or degree obtained)

\_\_\_\_\_

### **Work Information**

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

**Affiliations** (please list any organizations to which you belong, and include your role, e.g., volunteer, employee, board member, consultant, etc.) and approximate dates of service.

\_\_\_\_\_

\_\_\_\_\_

**How did you learn about CASA of the Fox Cities? (If referred by an individual, please list that person's name below.)**

\_\_\_\_\_

\_\_\_\_\_





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**Why would you like to volunteer for CASA of the Fox Cities? Please keep response to 100 words.**

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**What types of volunteer work are you interested in doing for CASA of the Fox Cities?**

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**Volunteer Availability**

Number of days per week: 1 2 3 4 5

Preferred Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred Hours

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**References (at least two non-relative references are required)**

Full Name \_\_\_\_\_ Telephone/E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Telephone/E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Telephone/E-mail \_\_\_\_\_

Relationship \_\_\_\_\_





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**In case of an emergency, notify:**

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

**Criminal Background**

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

If “Yes”, on what charge(s)? Please include location and dates.

\_\_\_\_\_  
\_\_\_\_\_

Are there any misdemeanors or felony charges pending against you?  Yes  No

If “Yes,” on what charge(s)? Please include location and dates.

\_\_\_\_\_

**Note:** *CASA of the Fox Cities* cannot accept any members found to have been convicted of, or having charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that might pose a risk to children or the program’s credibility.

I hereby authorize *CASA of the Fox Cities* and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer. I understand that failure to authorize this release of information and subsequent record checks will disqualify me from becoming a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

