

CASA'S VOLUNTEER APPLICATION
Please complete and return to:
Danielle Schaffer, MSW, Volunteer Coordinator
P. O. Box 414, St. Petersburg FL 33731
(727) 895-4912 x 107 Fax (727)821-7101



*All CASA volunteers must complete this registration form. Please print legibly. For the safety of our program participants, a **Background Check** will be completed on all volunteers.*

Full Name _____ email _____
Home Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____ Business Phone _____
Business/Organization Represented: _____
Do you need Community Service Hours? _____ What For? _____
Have You attended FCADV Training? _____ When? _____
Emergency Contact: _____
Day and Time Available to Volunteer: _____

I am interested in the following volunteer placement:

Thrift Store__ Tutor__ Youth Advocate__ Shelter Advocate__ Legal__ Fundraising/Special Events__ Intern__
Career/Volunteer Experience/Special Skills/Hobbies _____

Have you ever been convicted of a felony? ___Yes___No If yes, give dates and explain. (Attach separate paper if necessary). A conviction does not automatically mean you will not be able to volunteer with CASA. Please give all of the facts so that an informed decision can be made.

By signing below, I agree to follow the rules and regulations of the volunteer program. I understand that all involvement with program participants shall be under staff supervision and is restricted to CASA grounds or a CASA approved activity. I further agree to hold in confidence the shelter location and any program participant information gained as a volunteer at CASA.

Name: _____ Date _____

Background Check Information (Please Print)

Any other names you have used (maiden, previous marriages, etc.) _____
Race: _____ Date of Birth: _____ Gender: Female__ Male__
Driver's License Number: _____ Social Security number: _____

I hereby request and authorize the Florida Department of Law Enforcement and /or the St. Petersburg Police Department to conduct a criminal background check on me, and to then release the results and said criminal background check to an agent of the Community Action Stops Abuse, Inc. (CASA). In consideration for conduction said criminal background check, I hereby agree to defend, indemnify and hold harmless the Florida Department of Law Enforcement, City of St. Petersburg, its departments, officers, employees and agents from any and all liability or cause of action by any person or entity brought against the City as a result of conducting said criminal background check and the release of the results of said criminal background check as provided herein.

Signature: _____ *Date:* _____

**Note: A conviction does not automatically mean you will not be able to volunteer with CASA. Please give all of the facts so that in informed decision can be made.*

