

Grand Traverse County 13th Judicial Circuit Court
Family Division, Juvenile
Court Appointed Special Advocate Program
Grand Traverse County Probate & Family Court Volunteer Services

HONORABLE, Melanie D. Stanton, Presiding Judge

VOLUNTEER APPLICATION

PLEASE TYPE OR WRITE LEGIBLY USING BLACK INK. COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!

Background Information

1. Name: _____
(Last) (First) (middle)

2. Address: _____

City, State, and Zip Code: _____

3. Are you 21 years old or older? Yes No. Social Security #: _____

4. Have you lived in a state other than Michigan in the past five (5) years? Yes No
If yes, where: _____

5. Home Telephone: _____ Best Time To Call _____
e-mail address: _____

6. OK to call at work? Yes No. Work Telephone _____

7. Education (Please list school/college name and degree).

High School: _____ Graduated Yes No.

College: _____ Graduated Yes No.

Other: _____ Graduated Yes No.

_____ (SEE BACK OF PAGE)

8. Employment: (Begin list with current or last employer)

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Volunteer Experience:

Organization/Business	Position	Dates Volunteered
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. How did you learn about our volunteer opportunities?

11. Why do you want to volunteer? _____

12. Please list any strong interests, knowledge areas, hobbies or special skills, which you might offer as a volunteer.

13. What experience or knowledge of children and families, and individuals with mental and/or physical disabilities (i.e. parenting experience, child care experience, education or work experience, elder care) do you have to assist you in determining what may be in a person's best interest?

14. Have you any experience with social service agencies as a staff person, foster parent, volunteer, or client? If yes, please describe.

15. Have you had any experience dealing with the juvenile, family, and/or probate court system? If yes, please describe.

16. In your opinion, how could the system do a better job to protect children and wards of the court?

17. How many total hours per week are you available? _____

18. (For CASA Program) As a volunteer you are required to visit the child(ren) at their placement. Would you have the use of a car with the proper insurance? Yes No.

19. Are you a current abuser of drugs and/or alcohol? Yes No.
If yes, please explain. _____

20. Were you abused or neglected as a child? Yes No.

21. Have you ever been accused of abusing or neglecting a child? Yes No.

(SEE BACK OF PAGE)

Criminal Record

The information requested in this section is essential to conduct the record check and is required in order to be accepted into the program. If you choose to withhold this information, a final decision on your application cannot be made. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.

22. Have you ever been convicted of a law violation other than a minor traffic offense?

Yes No

If Yes, What was the offense(s)? _____

Date(s) Convicted: _____

End of probation, parole or court jurisdiction: _____

23. Please list any additional information you feel would be helpful in assessing your application.

Acknowledgment and Permission to Conduct Record Check

I declare that all of the proceeding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or result in separation at a later time. I understand that Court Appointed Special Advocate is an at-will position.

I hereby give my permission for the GRAND TRAVERSE COUNTY CASA PROGRAM to conduct a criminal record check, and/or a Department of Transportation check to obtain information for the purpose of assessing my qualifications for court appointed special advocate.

Signature

Date

Please complete attached Consent/Authority to Release Information form and Personal Reference form and return with application.

REFERENCES

Please list three personal references that can attest to your character skills and dependability. One reference should be, a co-worker, if employed. (Other examples: minister, teacher, therapist, etc.) References will be contacted.

1. Name: _____ Relationship _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (____) _____ Home (____) _____

2. Name: _____ Relationship _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (____) _____ Home (____) _____

3. Name: _____ Relationship _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Work (____) _____ Home (____) _____

Applicant Signature & Date

*** Please attach any additional information you want to submit***

PLEASE RETURN COMPLETED APPLICATION (WITHIN 15 DAYS) TO:

GRAND TRAVERSE COUNTY CASA PROGRAM
280 Washington Street
Traverse City, MI 49684

Consent

Before you sign this Consent, read it carefully.

I, _____, agree and consent to allow the Grand Traverse County Probate Volunteer Services Division to obtain any federal, state, or local criminal records, public and non-public information, all records relating to my motor vehicle driving history and any other social or legal history including any records in the possession of a federal, state, or local social services agency, public or private, that may provide information regarding my qualifications to be a member of their organization.

I also agree the information is to be used to determine my qualifications to be a member of the organization and for no other purpose and therefore waive, only for this purpose, any and all claims that such information is privileged or confidential. Any dissemination or publication of the information obtained, either in writing or orally, for any reason or purpose beyond that to which I have agreed is not authorized and any legal rights or remedies for any injury or harm that occurs to me will be available to me.

Expect that I agree to hold harmless and to take no action, legal or otherwise, of whatever kind or description against any public or private law enforcement agency or any other public or private agency, any of their agents, servants, or employees who release information in the same form – or manner that would otherwise be allowed by law and in reliance on this Consent to the organization.

Any information that is received by the organization shall be shared with me by the organization so that I may have an opportunity to clarify, explain, or otherwise defend my record and actions that may have occurred which are revealed by the information obtained by the investigation.

(SEE BACK OF PAGE)

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of the Court Appointed Special Advocate (CASA) program to conduct an investigation on my background in conjunction with their official duties.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the Probate & Family Court Volunteer Services/CASA programs. The background check may also include the Child Abuse Central Registry and a motor vehicles division record check.

I also authorize any Law Enforcement agency to release any and all information concerning me as a victim, suspect or witness. This may include medical or psychological information that the Law Enforcement agency may hold.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of the Probate & Family Court Volunteer Services/CASA programs.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please Print): _____

MAIDEN NAME/ALIAS: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

SIGNATURE

DATE