



**Douglas County CASA, Inc.**  
**1009 New Hampshire, Suites A & B**  
**Lawrence, KS 66044**  
**785-832-5172**

**CASA Volunteer Application for Ambassadors**

CASA Ambassadors help spread the word about the CASA mission and our need for more volunteers and support by participating in community events, hosting CASA information tables, assisting with public presentations, and by aiding in the search for and connection with community partners. They also help provide special gifts and resources for CASA kids, which help them celebrate birthdays, holidays, graduations and adoptions. As spokespersons, Ambassadors share the CASA mission with the community with the goal of increasing community understanding of the profound impact CASA has on the lives of children.

**I. PERSONAL**

**A. Current personal information:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Race/Ethnicity:**

Black  White  Hispanic/Latino  Asian  Native American  Other: \_\_\_\_\_

**Gender:**  Male  Female **Physical limitations:**  No  Yes (please explain)

**B. Employment:**

Current job title/employer \_\_\_\_\_

May we contact you at work?  YES  NO

**C. Emergency Notification:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**II. COMMITMENT**

A. Do you agree to the following:

Participate in ongoing supervision and training meetings?

(if applicable)  Yes  No

B. Maintain confidentiality regarding sensitive CASA information?

Yes  No

**III. VOLUNTEER EXPERIENCE**

A. Why are you interested in volunteering as an Ambassador with CASA? What do you feel you will contribute as a participant in this program?

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B. What volunteer experiences have you had (please list and describe)?

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C. Please describe experiences you have had involving people of races and classes different from your own?

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D. Please list interests, hobbies, and special talents you have.

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E. Please indicate your time availability for volunteering:  daytime  
 evenings  weekends Comments about your schedule:

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F. Please indicate your Ambassador activity preferences: (check all that apply)  
 General Outreach  Hosting CASA information table at community events  
 Speaking engagements  Helping with CASA fundraisers & special events  
 Gifts for CASA kids  Hospitality

**IV. EDUCATION/TRAINING/EXPERIENCE**

1. GED  High School Diploma:  Yes  No  
Name of High School and year you graduated \_\_\_\_\_

2. College Degree  Yes  No  
Type of Degree earned \_\_\_\_\_

3. Other related education/training programs completed \_\_\_\_\_

4. Please mark any area below that you have training or experience in:

_____ Criminology	_____ Mental Health	_____ Education	_____ Public speaking
_____ Health Care	_____ Social Work	_____ Writing	_____ Database entry
_____ Psychology	_____ Office Work	_____ Drug/Alcohol Abuse Dynamics	
_____ Child Development	_____ Social Media	_____ Child Care	_____ Tutoring
_____ Web site maintenance	_____ Fundraising/special events	_____ Public Relations	

Comments:

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

**V. References:**

1. Full Name \_\_\_\_\_ Telephone/Email \_\_\_\_\_

Organization \_\_\_\_\_ Relationship \_\_\_\_\_

2. Full Name \_\_\_\_\_ Telephone/Email \_\_\_\_\_

Organization \_\_\_\_\_ Relationship \_\_\_\_\_

3. Full Name \_\_\_\_\_ Telephone/Email \_\_\_\_\_

Organization \_\_\_\_\_ Relationship \_\_\_\_\_

**How did you learn about Douglas County CASA? (circle all that apply):**

CASA Volunteer    Word of Mouth    Newspaper    Radio/Print Ad    Internet Search  
Kappa Alpha Theta    Other: \_\_\_\_\_

*I hereby authorize the Douglas County CASA program and any 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 Ambassador. This sensitive information is kept confidential.*

Name (Print) \_\_\_\_\_

\_\_\_\_\_  
(Signature/Volunteer) (Date)

\_\_\_\_\_  
(Signature/Staff) (Date)