

# CASA of DuPage

## FRIENDS APPLICATION



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CAN WE CALL YOU AT WORK? \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

POSITION \_\_\_\_\_

HOW DID YOU HEAR ABOUT CASA? \_\_\_\_\_

HOW ARE YOU ABLE TO HELP? (CHECK AS MANY AS YOU WISH)

- DATABASE ENTRY
- FUNDRAISING EVENTS
- MAILINGS
- PR, MEDIA & PROMOTION
- RESEARCH
- SPEAKERS' BUREAU
- TELEPHONE WORK

### 2010 UPCOMING EVENTS

- PCA RUN/WALK TO PREVENT CHILD ABUSE (April 10, 2010)
- GOLF OUTING (May 24, 2010)
- RIBFEST (July 1-4, 2010)
- ANNUAL GALA (October 29, 2010)
- GIFT WRAPPING (December)

WHAT SPECIAL SKILLS DO YOU HAVE TO SHARE? (bi-lingual, sign language, writer, computer, photographer, etc.)

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**PLEASE LIST INVOLVEMENT IN COMMUNITY ACTIVITIES, CLUBS, AND OTHER PROFESSIONAL GROUPS:**

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**WHAT ARE YOUR INTERESTS? (hobbies, sports, activities, etc.)**

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**PLEASE LIST ANY RESTRICTIONS THAT MAY LIMIT YOUR PARTICIPATION IN ANY FRIENDS' ACTIVITIES (I.E. LACK OF DRIVERS LICENSE, NO TRANSPORTATION, ETC.)**

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**OTHER COMMENTS**

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**I hereby certify that all statements made on this application are true and correct to the best of my knowledge. Falsifying and/or knowingly misrepresenting any information in this application packet are grounds for denying the application or dismissing the volunteer.**

**If you have any questions about Friends of CASA, please contact Karen Patton at 630/221-0889 ext 308.**

\_\_\_\_\_  
**Name, please print**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**I understand that by submitting this form, I authorize inquiries to be made and the release of information concerning my employment, character, and criminal history for the purpose of determining my suitability as a volunteer. Any information obtained will be used only for the purpose of determining my suitability as a volunteer and will be held in the strictest confidence.**

**I understand the CASA of DuPage County Program may require that I complete forms for background and criminal investigations (State and Department of Children and Family Services).**

**I understand any applicant 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 would pose risks to the CASA program's credibility, will not be accepted as a CASA volunteer.**

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**Applicant Signature**

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**Date**

**In addition, please complete the attached background authorization forms & return to:**

**CASA of DuPage County, Inc.  
505 N. County Farm Road  
3<sup>rd</sup> Floor, Suite C  
Wheaton, IL 60187**

**Fax (630)221-0904**