



Children's Advocacy Services of Greater St. Louis (CASGSL)
University of Missouri – St. Louis

Volunteer Application

NAME: _____ PHONE#: () _____ () _____
(Last) (First) (M.I.) (Primary) (Alternate)

ADDRESS: _____
(Street) (City) (State) (Zip)

EMAIL ADDRESS: _____

- Are you age 18 or older? yes no
- Are you eligible to work in the U.S.? yes no

Volunteer Work

- What type of volunteer activities are you interested in?
 - Administrative
 - Direct Interaction with Children
 - Project-Specific Activities
 - Special Events
 - Other *(Please describe):*

Availability

- Please indicate the days and times that you are available to volunteer:

Day	Time Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

- Are you interested in a One-Time Volunteer opportunity, or a Long-Term opportunity?

One-Time

Long-Term *(Please describe the timeframe you have in mind):*

- If you are interested in a Long Term opportunity, can you commit to a consistent volunteer schedule?

yes

no

Education & Skills

- Please list your highest level of education and indicate if a diploma or degree was received. Note: information provided is subject to verification.

NAME & LOCATION OF SCHOOL:	# OF YEARS COMPLETED:	GRADUATION STATUS:		DEGREE & MAJOR:
		<input type="checkbox"/> YES, date: _____	<input type="checkbox"/> NO, approx. credit hours remaining:____	

PLEASE LIST ANY SKILLS / PREVIOUS EMPLOYMENT HISTORY THAT ARE RELEVANT TO YOUR INTEREST IN VOLUNTEERING:

Background Verification

- Have you ever been convicted of a crime other than a minor traffic violation? yes no
- Have you ever been employed or attended school under a different name? yes no

If "yes", please list the name: _____

- Have you ever been employed or attended the University of Missouri? yes no
- Are you related to anyone now employed by, or on the Board of Curators of, the University of Missouri? yes no

If yes, list name and relationship: _____

General Questions

- Do you have experience working with children; especially children who have experienced trauma and/or who are experiencing emotional or behavioral difficulties? *(Please describe):*

- Why are you interested in volunteering with CASGSL? *(Please describe):*

- How did you hear about us? *(Please describe):*

Statement of Understanding

This is an application for a volunteer position with UMSL for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, gender, religion, creed, national origin, socio-economic status, age, disability, marital status, veteran status, or any other basis prohibited by federal, state, or local law.

I understand that volunteer positions may require a Criminal Background Check and/or a Child Abuse and Neglect Background check.

I understand that any misrepresentation, omission, or falsification of any fact from this application or during the interview will be cause for rejection of this application or dismissal from volunteer service.

I am willing to complete any required training and abide by the policies, standards, and procedures of UMSL.

APPLICANT SIGNATURE _____ DATE _____