



**CASA, Inc.**  
CASA, Inc. Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Why do you want to volunteer with CASA? \_\_\_\_\_

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

I'm interested in volunteering with;

Advocacy: \_\_\_ Clerical: \_\_\_ Hotline: \_\_\_ Physical: \_\_\_ SA/DV Hospital Calls: \_\_\_

\_\_\_ I understand that I will need to complete training that is required to volunteer in some areas.

I'm wishing to volunteer \_\_\_\_\_ hours per day / week / month.  
(circle one)

I'm available on the following days/times (circle all that apply);

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Morning Afternoons Evenings Overnight

Please describe any experience/knowledge with Domestic Violence and Sexual Assault:

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

I'm willing to have a background check done if needed. Yes \_\_\_\_\_ No \_\_\_\_\_  
(A separate agreement will be required if a background check is to be done.)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent's signature if Volunteer is less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval (signed by CASA)

\_\_\_\_\_  
Date



## **CASA, INC.**

### **VOLUNTEER RELEASE AND WAIVER OF LIABILITY**

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY. THIS IS A LEGAL DOCUMENT AND YOU WILL BE GIVING UP CONSIDERABLE LEGAL RIGHTS BY SIGNING IT.

**RELEASE AND WAIVER:** The below-signed Volunteer, or parent if Volunteer is under 18 years of age, does hereby release and forever discharge and hold harmless CASA, Inc. and its Executive Committee, Board of Directors, staff, other volunteers, agents and successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities.

Volunteer understands that this Release and Waiver of Liability (the "Release") discharges CASA, Inc. from any liability for any claim that the Volunteer may have against CASA, Inc. with respect to any bodily injury, personal injury, illness, death, property damage, or other harm or loss that may directly or indirectly result from Volunteer Activities, even if such harm is directly or indirectly caused by the negligence of CASA, Inc.

Volunteer also understands that CASA, Inc. does not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness or otherwise.

Volunteer hereby expressly and specifically assumes the risk of bodily injury, personal injury, illness, death, property damage, or other harm or loss in participating in CASA, Inc. activities and releases CASA, Inc. from all liability for bodily injury, personal injury, illness, death, property damage, or other harm or loss directly or indirectly resulting from Volunteer's Activities.

**PHOTOGRAPHIC RELEASE:** Volunteer does hereby grant and convey unto CASA, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by CASA, Inc. during the Volunteer's Activities at the CASA, Inc. event or function.

I have read this Release and Waiver of Liability and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against CASA, Inc. and its Executive Committee, Board of Directors, staff, other volunteers, agents and successors and assigns is knowingly given up in return for allowing my participation in the Volunteer Activities. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

I, the undersigned participant, request voluntary participation for myself to participate in activities herein referred to as "Volunteer Activities".

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Volunteer's Signature  
(Parent's signature if Volunteer is less than 18 years of age)

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Date

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Participant's Name (Print)

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Phone Number

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Address

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City

State

Zip Code

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Email

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Date of Birth