



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.

I understand that volunteer positions may require a Criminal Background Check, a Child Abuse and Neglect Background check, and a Fingerprint 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 \_\_\_\_\_