



CASA Volunteer Application Form

Date:			
PERSONAL INFORMATION (PLEASE TYPE OR PRINT)			
Full Name (First, Middle, Last):			
Maiden (or Other Married) Names:			
Nicknames (if any):	(Required for Screening)		
Drivers License Number:			
Social Security Number:		Date of Birth:	
ADDRESSES (FOR THE PAST FIVE YEARS -- PLEASE USE ADDITIONAL PAPER IF NECESSARY.)			
Email Address:			
Work Phone:		May we contact you at work?	YES NO
Home Phone Number:		Cell Number:	
Current Address:			
City, State:			
Zip Code:		Number of Years:	
1st Previous Address:			
City, State:			
Zip Code:		Number of Years:	
2nd Previous Address:			
City, State:			
Zip Code:		Number of Years:	
REFERENCES (PROVIDE ATLEAST TWO PROFESSIONAL & ONE PERSONAL – NO RELATIVES)			
Name:		Position/Title:	
Email Address:		Phone Number:	
Address:			
# Years Known:		Relationship:	
Name:		Position/Title:	
Email Address:		Phone Number:	
Address:			
# Years Known:		Relationship:	
Name:		Position/Title:	
Email Address:		Phone Number:	
Address:			
# Years Known:		Relationship:	
EMERGENCY INFORMATION			
In Case of Emergency Call:		Phone:	

EMPLOYMENT INFORMATION

Retired:	YES NO	If retired or unemployed, please list your last employer.
Current Employer:		
Address:		
Title/Position Description of Work:		

EDUCATION

High School Graduate:	YES NO	GED Certificate	Date Completed:
Last High School Attended:			
College/University Attended:		Degree/Major:	
Are you presently attending School?	YES NO		
Will you be receiving academic credit for your volunteer work?	YES NO		

TRAINING/EXPERIENCE PLACE A CHECK (✓) NEXT TO THE AREAS IN WHICH YOU HAVE TRAINING OR EXPERIENCE.

<input type="checkbox"/> Child Welfare/Development	<input type="checkbox"/> Counseling	<input type="checkbox"/> Medicine
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Social Work	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Drug/Alcohol Abuse Programs	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing

MISCELLANEOUS

What Languages do you speak other than English:
Hobbies/Special Interests:
Are you willing to complete a minimum of 30 initial training hours, attend ongoing training (twelve hours/year), and court appearances? YES NO
Can you see yourself visiting with a family in their home? YES NO
Are you willing to commit to the "life" (1yr to 18 mos.) of a case? YES NO

HISTORY

Have you ever been convicted of a felony? YES NO If yes, please explain:
Have you ever been convicted of a misdemeanor offense, other than minor traffic offenses, within the past five (5) years? YES NO If yes, please explain:
<small>Note: Any applicant found to have been convicted, or having charges pending for a felony or misdemeanor involving a sexual offence, child abuse or neglect, or related acts that would pose risks to a child or the CASA for York County program credibility will not be accepted as a CASA volunteer. Persons who have been convicted of DWI or DUI (Driving While Intoxicated or Driving Under the Influence) within the last five (5) years shall not be permitted to serve as Court Appointed Special Advocates.</small>

OTHER INFORMATION

Where did you hear about CASA?																								
Please list names and birthdates of all children: (please circle the number of each child that lives with you).																								
<table border="1" style="width: 100%;"><thead><tr><th style="width: 5%;"></th><th style="width: 45%;">Names:</th><th style="width: 30%;">Date of Birth:</th><th style="width: 20%;">Gender:</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td style="text-align: center;">M F</td></tr><tr><td>2</td><td></td><td></td><td style="text-align: center;">M F</td></tr><tr><td>3</td><td></td><td></td><td style="text-align: center;">M F</td></tr><tr><td>4</td><td></td><td></td><td style="text-align: center;">M F</td></tr><tr><td>5</td><td></td><td></td><td style="text-align: center;">M F</td></tr></tbody></table>		Names:	Date of Birth:	Gender:	1			M F	2			M F	3			M F	4			M F	5			M F
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Have you ever been involved in a juvenile court case as an adult or child? YES NO If yes, please explain:																								
Have you ever been the subject of a child abuse investigation? YES NO If yes, please explain:																								

RELEASE OF INFORMATION/DISCLOSURE

I understand that the CASA for York County Program will require that I complete at least one (1) personal interview as well as national criminal records, Child and Adult Abuse/Neglect Registry and DMV, and Sex Offender checks and that my application **does not** ensure acceptance into the CASA for York County Program. I further understand that I will be asked to attend mandatory training as established by CASA for York County.

I hereby affirm that all statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize any and all inquiries to be made concerning my employment, character, and police records for the purpose of determining my suitability as a CASA volunteer. All information will be held in strictest confidence and secured in a locked file cabinet in the CASA office.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of 18 months (1½ years) in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of CASA for York County, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

I understand that CASA for York County requires all volunteers, governing body members and staff to immediately notify the Executive Director and/or Board President of any pending criminal charges. Further, the CASA for York County Program will reject any Board, Staff, or Volunteer applicants found to have been convicted of, or having charges pending for a felony involving a sex offense, child abuse or neglect related acts that would pose risks to children or CASA for York County's credibility.

I understand that by accepting a CASA appointment I will adhere to the following Code of Ethics:

- Volunteers agree to abide by National and Nebraska State CASA standards and all laws and regulations governing their activities.
- Volunteers will uphold the credibility and dignity of the CASA concept by conducting business in an honest, fair, professional, and humane manner.
- Volunteers will not use their authority inappropriately, nor condone any illegal act or unethical practices related to CASA for York County or community nor use CASA for their personal gain.
- Volunteers will avoid any action that could adversely affect the confidence of the public in the integrity of CASA.
- Volunteers will serve and respond to requests without bias because of race, religion, sex, age, national origin, or handicap.
- Volunteers will respect the right of privacy of individuals and keep case information confidential.
- Volunteers will respect a child's inherent right to grow up with dignity in a safe environment that meets the child's best interests.

A CASA Volunteer may NOT transport children.

Signature:

Date:

