



Lift Up A Child's Voice.
A Child's Life.

CASA Volunteer Application

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. # _____

City _____ State _____ ZIP _____

The CASA background check requires full disclosure of name changes, use of assumed names, nicknames, etc. If you have used names other than the name provided above, please list below:

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____

E-mail Address: _____

Preferred method of contact: Home Work Cell Email

Gender Female Male Date of birth (mm/dd/yyyy) _____

How did you hear about CASA? Flier Friend Internet Local newspaper
 Local radio National media NCASAA Volunteer Referral Other

Emergency Contact (Name/Relationship) _____

Emergency Phone Number _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Car insurance company _____

Do you have access to a computer? Yes No

Ethnicity: African-American Asian-American Caucasian Latino

Native American Other Unknown

Primary language: English French Spanish Signing Other

Secondary language: English French Spanish Signing Other

Education: Some high school GED High school Some college College

Post-graduate Other Unknown

Employment status: Full time Part time Student Unemployed Retired

Current Employment or School:

Position _____ Supervisor _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Phone Number _____ Extension _____

E-mail _____ Fax _____

Employment History #1 _____ Phone Number _____

Position _____ Supervisor _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Employment History #2 _____ Phone Number _____

Position _____ Supervisor _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Volunteer Experience (Agency or Employer, position and duties): _____

Please list skills, hobbies and special interests: _____

Why do you want to become a CASA Volunteer? _____

Are you willing to complete a minimum of 30 hours of basic training, ongoing training and court appearances as indicated by the CASA program? Yes No

Have you ever been convicted of or plead guilty or no contest to any criminal charges, ordinance violations, or serious traffic offenses? Yes No

If yes, please explain: _____

Have you ever been sentenced to or served time in any prison, jail, other correctional facilities or been placed on probation? Yes No

If yes, please explain: _____

Do you have any criminal charges pending? Yes No

If yes, please explain: _____

Have you had any personal experience with: Child Welfare, Foster Care, Juvenile Court System or other child related agencies? Yes No

If yes, please explain: _____

Note. 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 children or the CASA Program's credibility, is not accepted as a CASA volunteer.

References (please include three people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity):

Reference #1

Last Name _____ First Name _____ Phone Number _____

St Address _____ City _____ State _____ ZIP _____

E-mail Address: _____

Reference #2

Last Name _____ First Name _____ Phone Number _____

St Address _____ City _____ State _____ ZIP _____

E-mail Address: _____

Reference #3

Last Name _____ First Name _____ Phone Number _____

St Address _____ City _____ State _____ ZIP _____

E-mail Address: _____

I understand that the CASA program will require that I complete at least one (1) personal interview, a criminal records check, a Department of Motor Vehicles Check, and that my application does not ensure acceptance into the CASA program. I further understand that I may be requested to attend mandatory training as established by the CASA program.

I hereby certify 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 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 confidence.

My signature authorizes the Nebraska Department of Health and Human Services to release information to the CASA program regarding me which may be listed on Nebraska Child Abuse and Neglect Central Register. The Department may state if my name IS or IS NOT on the Register for incidents of Child Maltreatment.

Signature

Date