Trails West CASA, Inc. Program

Mailing: 511 North Spruce Street #105 Box-4 Ogallala, NE 69153
Physical: 307 West A Street, Ogallala, NE 69153
EMAIL: director@trailswestcasa.org

Instructions

There are four (4) pages to this application. Complete all questions, sign it, and then return to us.

DATE

LAST NAME FIRST NAME MIDDLE INITIAL

PREFERRED NAME/NICKNAME

ADDRESS: CITY STATE ZIPCODE

Phone: Email Address:
___ Home
___ Mobile
___ Work

How would you like to volunteer with CASA?*
___ Working with children as a Court Appointed Special Advocate (CASA)
___ I am willing to complete a minimum of 30 hours of initial training as well as ongoing training and court appearances as indicated by the CASA program.
___ I am comfortable visiting with a family in their home and with an institutionalized child.
___ Working with children in other ways, not as a CASA
___ Working with adult family members of children
___ Administrative duties (computer work, telephone, etc.)
___ As a board member
___ Fundraising events
___ Fundraising through grants or foundations
___ Marketing or public relations
___ Other:
*A background check will be conducted on <u>all</u> CASA volunteers, regardless of interaction with children.

Are you retired? YES/NO (If yes, list your last employer below)

EMPLOYER

WORK ADDRESS

TITLE

DESCRIPTION OF WORK

EDUCATIONAL BACKGROUND (include colleges attended and degrees)

What languages to do you speak?

What do you feel are the personal strengths that you bring to CASA?

How did you hear about CASA?

Please list below three references (2 professional and/or volunteer contacts and 1 personal). Local references preferred. No relatives please. Must list addresses.

Name: Relationship:
Phone:
Address:

Name: Relationship:
Phone:
Address:

Name: Relationship:
Phone:
Address:

Emergency Contact Name:
Phone #
Relationship

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 violations) within the past five (5) years: 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 will not be approved.

I understand that the CASA program will require that I complete at least one (1) personal interview and a criminal records 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 inquires 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.

Name (print) Signature
Address Date

REQUIRED FOR SECURITY SCREENING
(May be completed after initial interview)

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 them and explain:

Social Security #: Drivers License #

Date of Birth: Place of Birth:

Please list all states you have previously lived in:

Please list the names, birthdates and gender of your children: