

CASA Volunteer Application

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Please Print

Sarpy County CASA provides equal volunteer opportunities to all applicants without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, military status, or military veteran status in accordance with applicable federal and state laws. In addition, Sarpy County CASA agrees to provide a volunteer environment that is free of unlawful harassment of any kind, including that which is sexual, age-related or ethnic when the volunteer environment is within CASA's control.

Instructions

There are five (5) pages to this application.
Complete all questions on the application, sign it, and then mail/email/fax it to us.

Date: _____

| | | | |
|-----------|------------|----------------|----------|
| Last Name | First Name | Middle Initial | Nickname |
|-----------|------------|----------------|----------|

Address/City/State/Zip:

Previous Address(es): (if less than 5 years at current address)

| | |
|-------------|---|
| Home Phone: | Work Phone: |
| Cell: | Can you be contacted at work? (circle) yes no |
| Email: | Marital Status: (circle one) |
| | Single Married Divorced Separated |

Required for Security Screening

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 explain below.

Explain Here:

| | | | |
|-------------------|--------------------|---------------|----------------|
| Social Security # | Driver's License # | Date of Birth | Place of Birth |
|-------------------|--------------------|---------------|----------------|

In Case of Emergency Call:

Emergency Phone #:

Relationship to you:

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Retired(circle one): Yes No

Employer Information

If retired, list your last employer

Employer:

Work Address:

Description of Work:

Highest Level of Education Completed: (circle one)

High School/GED Some College Associates Degree Bachelor's Degree Master's or Professional Degree

Describe your educational background: (include colleges attended and degrees)

What languages do you speak other than English:

Hobbies/Special Interests:

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

Can you see yourself visiting with a family in their home, or with an institutionalized child?
(circle one): Yes No

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

Please circle the skills and/or areas of interest listed below that you bring to CASA

working with children

administrative

telephone

public relations

grants or foundation funding

fundraising

Other (describe)

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Please list names and birthdates of children who have lived with you:

1. _____ D.O.B. _____ Gender: _____
2. _____ D.O.B. _____ Gender: _____
3. _____ D.O.B. _____ Gender: _____
4. _____ D.O.B. _____ Gender: _____

Have you ever been convicted of a felony? (circle one): No Yes

If yes, please explain:

Have you ever been convicted of a misdemeanor offense, other than minor traffic offenses, within the past five (5) years?
(circle one): No Yes

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.

Where did you hear about CASA?

What kind of cases are you interested in? Do you have a preference on the type of child you will be assigned?

Age?

Sex?

Ethnicity?

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Please list below, three references (2 professional and/or volunteer contacts, and 1 personal). Local references are preferred. No relatives please. **Must list addresses; complete with street number and zip code.**

1. Name:

Phone:

Relationship:

Address/City/State/Zip:

E-mail Address:

2. Name:

Phone:

Relationship:

Address/City/State/Zip:

E-mail Address:

3. Name:

Phone:

Relationship:

Address/City/State/Zip:

E-mail Address:

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Release of Information

Please Print or Type

(Use the back if more space needed)

I understand that the as a condition of my desire to volunteer with the CASA program for Sarpy County, my name will be checked against local, state and national criminal databases and the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded. The purpose of the criminal background check will be to determine if I have a record of felonies or misdemeanors that could deter from my ability to act as a CASA volunteer.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude. I further understand that my name will also be checked against local, state, and national databases for criminal activity and sexual abuse offenses. I understand that I can be rejected as a volunteer if found to be 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.

I hereby authorize the release of information described above to:

Sarpy County CASA

1210 Golden Gate Drive, Suite 2101

Papillion, NE 68046

Signature of Applicant:

Date Signed:

Printed or Typed Name of Applicant:

Social Security Number:



The Background Check Company

APPLICANT DISCLOSURE
AND AUTHORIZATION
FORM

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING
AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used for any other purpose.



STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company.

Check box to receive report.

☐

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com.

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report.

☐

Signature: _____

Date: _____

Print Name: _____



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx.

ORGANIZATION INFORMATION

| | |
|-----------------------------------|------------------------------|
| Registered Organization ID Number | Registered Organization Name |
| 1932 | Sarpy County CASA Program |

APPLICANT INFORMATION

| | | |
|-------|--------|-----------|
| First | Middle | Last Name |
| | | |

| | | |
|---------------|-----|------------------------|
| Date of Birth | Age | Social Security Number |
| | | |

| |
|-----------------|
| Current Address |
| |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

| |
|--|
| |
|--|

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

| |
|--|
| |
|--|

Names and birthdates of your children and children who lived with you:

| |
|--|
| |
|--|

All previous addresses at which you have resided in the past 20 years (minimum City & State):

| |
|--|
| |
|--|



Please release the following information to the Organization listed above: (Check all that apply): .

☐ Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

☐ Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant

Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed Name of Applicant) .

Affix Official Notary seal here

Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee

Date

Printed Name of Organization Employee

Signature of Applicant's Legal Guardian

Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here

Notary Public