



**Douglas County CASA, Inc.**  
**1009 New Hampshire, Suites A & B**  
**Lawrence, KS 66044**  
**Phone: 785-832-5172 / Fax: 785-856-1279**

**VOLUNTEER APPLICATION**

**Personal Contact and Identifying Information**

Date: \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.N. \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ (indicate home/cell/work)

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ D.L.# / State Issued \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way to reach you \_\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

**Emergency Notification**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ (indicate home/cell/work)

**Employment history for the past five years (current or most recent at the top):**

| <b>Employer</b> | <b>Position/Occupation</b> | <b>Dates Employed</b>     |
|-----------------|----------------------------|---------------------------|
| <b>Address</b>  | <b>Phone Number</b>        | <b>Reason for leaving</b> |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |
|                 |                            |                           |

**Residence history for the past seven years (most recent at the top):**

| <b>Previous Address</b> | <b>Dates Residing There</b> |
|-------------------------|-----------------------------|
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |

**Commitment\***

Have you received and read the CASA Volunteer Job Description?    \_\_\_ Yes    \_\_\_ No

Are you committed to meeting the requirements and duties outlined?    \_\_\_ Yes    \_\_\_ No

*\*If you have any questions regarding your ability to meet requirements or perform the duties and responsibilities listed in the CASA Volunteer Job Description, please call the CASA office to speak with a staff member before submitting this application.*

**Personal Background**

Why are you interested in volunteering with CASA?

---

---

What other volunteer experiences have you had in the last 5 years?

---

---

Please describe experiences you have had working with children.

---

---

---

Please describe experiences you have had involving people with backgrounds different from your own.

---

---

**Transportation**

Do you have a reliable car you are willing to use to transport children?    \_\_\_ Yes    \_\_\_ No

Do you have insurance for your car?    \_\_\_ Yes    \_\_\_ No

**Education or Training**

High School Degree?    \_\_\_ Yes    \_\_\_ No    Year \_\_\_\_\_    Diploma \_\_\_    GED \_\_\_\_\_

Name of High School (include City/State) \_\_\_\_\_

Post Secondary Education?    \_\_\_ Yes    \_\_\_ No

Area of Study \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Name of College (include City/State) \_\_\_\_\_

Other related education/training programs completed \_\_\_\_\_

---

Please check (X) any area below that you have training or work experience in:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Criminology       | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education                  |
| <input type="checkbox"/> Health Care       | <input type="checkbox"/> Writing       | <input type="checkbox"/> Computers/Technology       |
| <input type="checkbox"/> Psychology        | <input type="checkbox"/> Social Work   | <input type="checkbox"/> Drug/Alcohol Abuse         |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Child Care    | <input type="checkbox"/> Counseling /Mental Illness |

**Legal System / Child Welfare System Background**

Have you ever been involved in a juvenile court case (as a child or adult)?  Yes  No

If yes, please explain:

---

---

Have you ever been arrested?  Yes  No

If yes, please explain:

---

---

Have you ever had a criminal conviction or juvenile adjudication?  Yes  No

If yes, please explain and indicate whether the record has been expunged:

---

---

Have you been the subject of a child abuse investigation (as a child or adult)?  Yes  No

If yes, please explain:

---

---

Do you have any personal experience with child abuse and neglect?  Yes  No

If yes, please explain:

---

---

**Personal References**

Please provide current contact information for four references to whom you are not related, and who have known you for at least one year. These should be individuals who can describe your personal and/or professional capacity to work with children as a volunteer in this program. At least one of these references must be from an employment or volunteer experience. The CASA program staff will contact all of the references you list with a reference form. Information obtained will be kept confidential. Please provide either a mailing address or email address.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Screening Notice:** In order to protect children and provide the court with qualified volunteers, a fingerprint based national criminal history record investigation (CHRI) will be conducted on every applicant. The Office of Judicial Administration will submit your fingerprints and receive the report on your criminal history investigation. Applicants determined ineligible to serve as volunteers based on their criminal history background investigation will have the opportunity to verify their identity with the Kansas Bureau of Investigation. Applicants who do not provide fingerprints for CHRI will not be approved to serve as CASA volunteers.

All applicants must consent to and pass extensive background screening, including the CHRI described above, child abuse registry history, sex offender registration, driving history, and SSN verification. Any applicant who refuses to consent to background screening will be rejected without further consideration. A Waiver Agreement and Statement and other consent forms are attached to this application. Any background information obtained will be kept confidential. Any applicant who has been convicted or adjudicated of an act that would pose a threat to children or a risk to our CASA program's credibility must be rejected, as required by the most recent Standards and Guidelines for CASA Volunteer Programs issued by the Kansas Supreme Court.

Do you agree to participate in this screening process? \_\_\_ Yes \_\_\_ No

**Affirmation and Release**

My signature below indicates that I affirm that all of the answers on this volunteer application are true to the best of my knowledge and that I authorize Douglas County CASA, Inc. to use the information contained in this Application and accompanying documents to investigate my background for the purpose of determining my suitability as a Court Appointed Special Advocate. I understand that the information I have provided will be kept confidential, except as necessary for the purposes of investigation.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) \_\_\_\_\_ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

---

**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

---

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information** (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

---

I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

---

---

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

---

Signature

Date

---

Printed Name

Date of Birth\_\_

---

Residential Address

City

State

Zip

---

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:

Driver's License

State Issued ID Card

Military ID Card

State/Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

---

***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***

**Office of Judicial Administration  
Criminal History Record Inquiry**

|                          |   |
|--------------------------|---|
| <b>Judicial District</b> |   |
| <b>Program Name</b>      |   |
| <b>Program Type</b>      | <input type="radio"/> CASA <span style="margin-left: 200px;"><input type="radio"/> CRB</span> |

| NAME | First | Middle | Last |
|------|-------|--------|------|
|      |       |        |      |

|                      |  |
|----------------------|--|
| <b>Maiden Name</b>   |  |
| <b>Also Known As</b> |  |

|  |  |                      |  |
|--|--|----------------------|--|
| <b>Date of Birth</b>                         |  | <b>Height</b>        |  |
| <b>Place of Birth (City, State, Country)</b> |  | <b>Weight</b>        |  |
| <b>Social Security Number</b>                |  | <b>Color of Hair</b> |  |
| <b>Ethnicity (Hispanic or Non-Hispanic)</b>  |  | <b>Color of Eyes</b> |  |
| <b>Race</b>                                  |  | <b>Gender</b>        |  |

Please list your address(es) for the past 5 years and approximate dates at residence.

| Street Address | City | State | Zip | Dates |
|----------------|------|-------|-----|-------|
|                |      |       |     |       |

| Street Address | City | State | Zip | Dates |
|----------------|------|-------|-----|-------|
|                |      |       |     |       |

| Street Address | City | State | Zip | Dates |
|----------------|------|-------|-----|-------|
|                |      |       |     |       |

| Street Address | City | State | Zip | Dates |
|----------------|------|-------|-----|-------|
|                |      |       |     |       |

*In order to protect children and provide the court with qualified volunteers, a fingerprint based national criminal history record investigation will be conducted on every applicant. The Office of Judicial Administration will submit your fingerprints and receive the report on your criminal history investigation. Applicants determined ineligible to serve as volunteers based on their criminal history background investigation will have the opportunity to verify their identity with the Office of Judicial Administration and to appeal this determination with the Chief Judge of the Judicial District or his or her designee. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as CASA or CRB volunteers.*

I understand that the information obtained through the Criminal History Record Inquiry will be confidential and for the exclusive use of determining eligibility for the CASA or CRB program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

*For use by the Office of Judicial Administration Only*

|              |            |
|--------------|------------|
| Request Sent | Entered by |
|              |            |



## Child Abuse and Neglect Central Registry Release of Information

All releases and fees should be sent via postal mail to the attention of: DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

**CONFIDENTIALITY:** Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

I, \_\_\_\_\_, give permission for the release of any information concerning  
(Please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

|                           |  |
|---------------------------|--|
| <b>A. Contact Person:</b> | Jude Clark   |
| Agency Name:              | Douglas County CASA                                      |
| Mailing address:          | 1009 New Hampshire St., Suites A&B<br>Lawrence, KS 66044 |
| Email Address:            | casaadmin@douglascountyks.org                            |
| Phone Number:             | ( 785 ) 832-5172   |

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.

Yes  No

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Administrative Office or Facilities), KNI, Dept. Of Education- Administrative Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:**  If yes, please check

For Central Registry Use Only

NA FEE ATTACHED

