



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):

Employer	Position/Occupation	Dates Employed
Address	Phone Number	Reason for leaving

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

Previous Address	Dates Residing There

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. Information obtained will be kept confidential.

1. Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Email (or phone) _____

2. Name _____ Relationship _____
 Address _____ City _____
 State _____ Zip _____ Email (or phone) _____
3. Name _____ Relationship _____
 Address _____ City _____
 State _____ Zip _____ Email (or phone) _____
4. Name _____ Relationship _____
 Address _____ City _____
 State _____ Zip _____ Email (or phone) _____

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 _____