

Educational Background:

High School graduate? _____yes _____no _____GED Certificate

Colleges or universities attended: _____

Degree: _____ Major _____

Minor _____

Current Place of Employment: _____ Job Title: _____

Job Description: _____

May we contact you at work if necessary? _____ yes _____ no

List Previous Volunteer activities/experience:

List your Special Skills you feel would be of value to this position:

List any experience you have working with youth, juvenile justice, family counseling, child abuse or related areas:

Please explain why you would like to work as a Court Appointed Special Advocate for the Juvenile Court of Douglas County:

As part of our screening process, we conduct local/state/national criminal checks and a state child abuse check regarding applicants.

Do you have a criminal record? _____ yes _____ no

If so, give details below:

Have you ever been the subject of a child abuse or neglect investigation? _____

If so, please give details: _____

References:

Please list three personal references (other than relatives) who can describe your personal and/or professional capacity to serve as a volunteer for this program. ***Please completely fill out.*** References will be contacted.

Name: _____ Relationship: _____
Address: _____ Telephone: _____
City/State/Zip: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____
City/State/Zip: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____
City/State/Zip: _____

AFFIRMATION AND RELEASE:

In order to protect the children you would be representing, a criminal records and reference check is required on each volunteer. Signing below authorizes this check and confirms that to the best of your knowledge, the information contained in this completed application is true.

"I authorize the Douglas County CASA Program to gather and receive information pertaining to any child maltreatment claims or law violations pertaining to me by means of a Child Abuse/Neglect Registry Check and a Criminal Records Check. My acceptance as a volunteer could be affected by the information found. I understand that my acceptance as a volunteer will be based on the requirements I must meet per the CASA Program Guidelines and at the discretion of the CASA Director "

"I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. I authorize inquiry with regard to my character, ability, and habits of any and all persons and agree to hold such persons harmless with respect to any information they may give."

Name (please print) _____

Signature _____ Date _____

Please return completed application to:

Nancy Wilson, Director
CASA For Douglas County
2412 St. Mary's Avenue
Omaha, NE 68105
402-932-5683



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____

Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____

(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

