

Instructions: There are five (5) pages to this application. Complete all questions on the application, sign it, and then mail it to our office at: P.O. Box 215, Seward, NE 68434 along with the child abuse / neglect central registry form which is attached to the application.

Last name _____ First name _____ Middle _____

Home address _____ Apt _____

City _____ State _____ ZIP _____

County _____ Social Security number _____

Home phone number _____ Cell phone number _____

Work phone number _____ Fax number _____

E-mail address _____

Emergency phone _____ Emergency contact _____

Date of birth _____ Place of birth _____

Gender Female Male Driver's License # _____

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 and explain below.

Previous address(es) for the past 5 years: (Attach a separate sheet if needed.)

1. Address _____ City _____ State _____

ZIP _____ Date of residence _____

2. Address _____ City _____ State _____

ZIP _____ Date of residence _____

3. Address _____ City _____ State _____

ZIP _____ Date of residence _____

Place of current employment or school _____ Phone number _____

Employment status Full time Part time Student Not employed Retired Self employed

Position _____ Supervisor _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Phone number _____ Extension _____

Email _____ Fax _____

- Ethnicity**
- African-American
 - Asian-American
 - Caucasian
 - Latino
 - Native American
 - Unknown
 - Other
- Education**
- Some high school
 - GED
 - High school
 - Some college
 - Associates Degree
 - Bachelors Degree
 - Post-graduate
 - Other
- Primary language**
- English
 - Spanish
 - Signing
 - Other
- Secondary languages**
- English
 - Spanish
 - Signing
 - Other
- Disabilities**
- Cardiac
 - Cerebral palsy
 - Circulatory
 - Hearing
 - Learning disability
 - Mental retardation
 - Mobility
 - Neurological
 - Psychological
 - Reactive attachment disorder
 - Respiratory
 - None
 - Other

List the educational institutions you have attended: (Attach a separate sheet if needed.)

Institution	Dates Attended	Degree

List other training you have received: (Attach a separate sheet if needed.)

Type/Name of Training	Dates Attended	Certificate Obtained (if any)

List your Employment History: (Attach a separate sheet if needed.)

Business/Agency	Address/Phone	Dates Worked

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 accepted as a CASA volunteer advocate or staff.

References: Please list three references (2 professional and / or volunteer advocate contacts and 1 personal). Local references are preferred. No relatives please.

1. Name _____ Phone number _____

Address _____ City _____ State _____

ZIP _____ Relationship _____

2. Name _____ Phone number _____

Address _____ City _____ State _____

ZIP _____ Relationship _____

3. Name _____ Phone number _____

Address _____ City _____ State _____

ZIP _____ Relationship _____

Please check any preferences that you would have in working with children (optional)

Preferences: Gender Male Female Either **Number of children** Single child Sibling group Either

Age Any Birth to 5 6 to 11 12 to 19

Geographic area _____

Disabilities that you would prefer to NOT work with

- | | | | | |
|----------------------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------|
| <input type="radio"/> Cardiac | <input type="radio"/> Cerebral palsy | <input type="radio"/> Circulatory | <input type="radio"/> Hearing | <input type="radio"/> Learning disability |
| <input type="radio"/> Mobility | <input type="radio"/> Neurological | <input type="radio"/> Psychological | <input type="radio"/> Respiratory | <input type="radio"/> Mental retardation |
| <input type="radio"/> Reactive attachment disorder | <input type="radio"/> None | <input type="radio"/> Other | | |

Abusive situations that you would prefer to NOT work with

- | | | | | |
|-------------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="radio"/> Educational neglect | <input type="radio"/> Physical abuse | <input type="radio"/> Emotional abuse | <input type="radio"/> Sexual abuse | <input type="radio"/> Medical neglect |
| <input type="radio"/> Physical neglect | <input type="radio"/> Abandonment | <input type="radio"/> None | <input type="radio"/> Other | |

Comments (please list any additional comments or information here) :

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 will 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 advocate/staff member. All information will be held in confidence.

Misrepresentation of personal information or history could result in termination or non-acceptance in the program. CASA staff accepts or declines advocates/staff based on the information gathered and for reasons of confidentiality will not share this information or reasons of denial with any applicant. If you refuse to sign this application, this will result in termination or non-acceptance in the program.

Seward/Jefferson County CASA is an Equal Opportunity Employer and fully supports and maintains compliance with state, federal, and local regulations. Seward/Jefferson County CASA prohibits discrimination against employees or volunteer applicants because of race, color, religion, sex sexual orientation, age, ancestry, national origin, veteran status, pregnancy, disability, marital status, or other characteristics protected by law. A violation of this policy by an employee is subject to disciplinary action, up to and including termination.

Signature _____ Date _____