

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 Drivers 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

List your Skills and Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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?     Yes     No

- Referred by             Flier             Friend             Internet             Local newspaper  
 Local radio             National media             NCASAA             Volunteer referral agency  
 Unknown             Other

Have you ever been convicted or adjudicated of a felony?             Yes     No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted or adjudicated of a misdemeanor offense?             Yes     No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have charges pending for a felony or misdemeanor offense?             Yes     No  
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 will not be accepted as a CASA volunteer or staff.

**References:** Please list three references (2 professional and / or volunteer 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. 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 volunteers/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 County CASA is an Equal Opportunity Employer and fully supports and maintains compliance with state, federal, and local regulations. Seward 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 \_\_\_\_\_