

CASA of South Central NE
835 S Burlington Ave – Suite 106
Hastings, NE 68901
Phone: 402-463-1030
Fax: 402-463-1054

4 PAGES—DOUBLE SIDED—COMPLETE ALL PAGES

**CASA Program
Volunteer Application - Page 1 of 4**

Please Print

Instructions

There are four (4) pages to this application. Complete all questions on the application, sign it, and then mail it to us.

Date: _____

Last Name	First Name	Middle Initial	Nickname
-----------	------------	----------------	----------

Address:

Previous Address(es): (if less than 5 years at current address)

Home Phone:

Business Phone:

Can you be contacted at work? (circle) yes no

Fax:

Email:

Required for Security Screening

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 explain below.

Explain Here:

Social Security #	Drivers License #	Date of Birth	Place of Birth
-------------------	-------------------	---------------	----------------

In Case of Emergency Call:

Emergency Phone #:

Relationship to you:

CASA of South Central NE
835 S Burlington Ave – Suite 106
Hastings, NE 68901
Phone: 402-463-1030
Fax: 402-463-1054

4 PAGES—DOUBLE SIDED—COMPLETE ALL PAGES

**CASA Program
Volunteer Application - Page 2 of 4**

Please Print

Retired(circle one): Yes No

Employer Information
If retired, list your last employer

Employer:

Work Address:

Description of Work:

Describe your educational background: (include colleges attended and degrees)

What languages do you speak other than English:

Hobbies/Special Interests:

Are you willing to complete a minimum of 24 hours of basic training and ongoing training and court appearances as indicated by the CASA program?(circle one): Yes No

Can you see yourself visiting with a family in their home, or with an institutionalized child?
(circle one): Yes No

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

Please circle the skills and/or areas of interest listed below that you bring to CASA

working with children

administrative

telephone

public relations

grants or foundation funding

fundraising

Other (describe)

CASA Program

CASA of South Central NE
835 S Burlington Ave – Suite 106
Hastings, NE 68901
Phone: 402-463-1030
Fax: 402-463-1054

4 PAGES—DOUBLE SIDED—COMPLETE ALL PAGES

Volunteer Application - Page 3 of 4

Please Print

Have you had any experience working with children? Yes No
Explain:

Have you ever been convicted of a felony? (circle one): No Yes

If yes, please explain:

Have you ever been convicted of a misdemeanor offense, other than minor traffic offenses, within the past five (5) years? (circle one): No Yes

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 is not accepted as a CASA volunteer.

What kind of cases are you interested in? Do you have a preference on the type of child you will be assigned?

Age? Sex? Ethnicity?

Where did you hear about CASA?

Please list below, three references (2 professional and/or volunteer contacts, and 1 personal). Local references are preferred. No relatives please. Must list addresses.

1- Name:	Phone:	Relationship:
Address:		
2- Name:	Phone:	Relationship:
Address:		
3- Name:	Phone:	Relationship:
Address:		

CASA Program

CASA of South Central NE
835 S Burlington Ave – Suite 106
Hastings, NE 68901
Phone: 402-463-1030
Fax: 402-463-1054

4 PAGES—DOUBLE SIDED—COMPLETE ALL PAGES

Volunteer Application - Page 4 of 4
Release of Information
Please Print

I understand that the CASA program will require that I complete at least one (1) personal interview, a criminal records check, a Department of Motor Vehicles Check, and that my application does not ensure acceptance into the CASA program. I further understand that I may 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.

My signature authorizes the Nebraska Department of Health and Human Services to release information to the CASA Program regarding me which may be listed on Nebraska Child Abuse and Neglect Central Register. The Department may state if my name IS or IS NOT on the Register for incidents of Child Maltreatment.

Date: _____

Applicant's Name (print)	Applicant's Signature
Social Security #:	Address:

Please list names and birthdates of children:

1. _____ D.O.B. _____ Gender: _____
2. _____ D.O.B. _____ Gender: _____
3. _____ D.O.B. _____ Gender: _____
4. _____ D.O.B. _____ Gender: _____
5. _____ D.O.B. _____ Gender: _____

Please list all states you have previously lived in: _____
