

COURT APPOINTED SPECIAL ADVOCATES



Application for Volunteer Service

Personal

Last Name		First		Middle initial	
Date of Birth			Sex		Social Security Number
Home Street Address		City		State	Zip
Home Phone			Cell Phone		
E-mail address					
Marital Status			Spouse's Name		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Hawaiian			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		

Do you speak fluently any language other than English? Yes No
If yes, please specify. _____

Education

What is the highest degree or level of school you have completed?

- Some High School High School GED
 Some College College Post Graduate

Degree: (circle one) Associates - Bachelors - DDS - Doctorate - GED - High School
JD - Masters - MD

Major: _____

Contact Information

Please provide at least one (1) emergency contact, if you wish to at this time. This is optional but you will be asked to provide the information if selected to be a CASA volunteer.

First Name		Last Name		Relationship	
Phone		Phone 2			

Experience

Have you had any personal and or professional experience with the following agencies, organizations or areas?

Child Protective Agencies: Yes No

If yes, please explain.

Foster Care: Yes No

If yes, please explain.

Juvenile Court: Yes No

If yes, please explain.

Other Child Service Agencies: Yes No

If yes, please explain.

Child Abuse or Neglect: Yes No

If yes, please explain.

Domestic Violence: Yes No

If yes, please explain.

Mental Illness/Mental Health Treatment: Yes No

If yes, please explain.

How did you hear about CASA?

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Billboard | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Facebook/Twitter | <input type="checkbox"/> Internet (Website/Digital Ad/etc.) |
| <input type="checkbox"/> Word of Mouth (Friend/Family/CASA Volunteer/etc.) | <input type="checkbox"/> National or Oklahoma CASA | |
| <input type="checkbox"/> Speaking Engagement/Event/Presentation | <input type="checkbox"/> Brochure/Flyer | |

Volunteer Experience

Please tell us about any personal and/or professional experience you have with community and volunteer organizations.

Employment

Employment Status	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	
Current Employer	Job Title
Work Phone	Work Email

Vehicle Information

Do you have access to reliable transportation that will enable you to attend training, court hearings, and case related activities?

Yes No

Current driver's license no.: _____ Exp. Date _____

Auto Insurance Company: _____ Exp. Date _____

Background Information

Do you have a physical condition which might interfere with volunteer activities?

Yes No If yes, please explain:

Have you ever participated in any work with youth? Yes No

If yes, please list the organization and type of work performed.

1. _____
2. _____
3. _____
4. _____

Please list any interests, hobbies, skills.

Briefly explain why you wish to be a volunteer.

Criminal History

Have you or any member of your family or household ever been arrested for or convicted of a criminal action other than a minor traffic violation? Yes No
 If yes, please explain.

Have you ever been the subject of an investigation, be it as a suspect, victim, witness, or person of interest? Yes No
 If yes, please explain.

References

Each applicant must submit the names and phone numbers of 5 references. If applicant is employed, 1 reference must be a professional reference that is familiar with the quality of the individual's work. If applicant has identified previous work with youth or vulnerable adults, the references must include a supervisor or co-worker from that position and/or organization. Personal references should only include individuals that are not related and have known the applicant for more than one year.

First reference's name	
Area code	Phone number
Second reference's name	
Area code	Phone number
Third reference's name	
Area code	Phone number
Fourth reference's name	
Area code	Phone number
Fifth reference's name	
Area code	Phone number

I understand that in order to serve as a CASA volunteer I must:

- Be at least 21 years of age
- Complete 30 hours of pre-service training and 6 hours courtroom observation
- Successfully complete the screening process
- Be willing to visit the child(ren), and this may require driving outside of county
- Be willing to make a minimum commitment of one year to the CASA program

I certify that the above information is correct and true to the best of my knowledge. I authorize CASA to use the above information in completing an investigation of official files of criminal and traffic violations and the Central Child Abuse Registry, Department of Public Safety, and other applicable background checks.

Applicant's signature

Date

I have read, understand, and agree with the following statements:

- If a volunteer applicant refuses to sign a release of information form or submit the required information for background checks the CASA program will reject the application.
- 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.

The CASA program complies with applicable Federal Civil Rights Laws and does not discriminate based on race, color, sex, national origin, age, disability, military service or lack of military service, religious affiliations or belief, or sexual orientation, gender identity or expression.

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____ (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone:1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacy-policy> . The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____

Additional Information (for INTERNAL USE ONLY)

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: AmericanChecked, Inc. (Agency) at (918) 742-6737.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____ I do not have or want email _____
(Initials)

If "no", list mailing address: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State of Issue: _____

CASA Volunteer Applicant

Oklahoma Department of Human Services (DHS) is requested to conduct a Child Abuse and Neglect Information System search for the CASA volunteer applicant named below.

[Redacted]

Volunteer applicant full name

[Redacted]

Aliases, including maiden, former married name, and all other names

[Redacted]

Date of birth

Social security number

Phone number

[Redacted]

Address

City

State

Zip

[Redacted]

Years at current residence

Previous county of residence

[Redacted]

Previous address

City

State

Zip

[Redacted]

Dates resided

[Redacted]

Previous address

City

State

Zip

[Redacted]

Dates resided

Unsworn Declaration Under Penalty of Perjury

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief. I authorize DHS to use the above information in completing a search of the Child Abuse and Neglect Information System (CANIS) and the search report is used for the purpose of being approved to be a CASA volunteer in Oklahoma.

Applicant Signature

Date