



# CASA of Shawnee County Volunteer Application

## Applicant Information

Name					
Street Address					
Mailing Address					
City		State		Zip Code	
County					
Home Phone					
Cell Phone					
Business Phone					
May you be called at work?					
E-Mail Address					
Social Security Number					
Date of Birth					
Gender					
Race		Ethnicity			
Do you have access to a vehicle?		License Tag #			
Insurance Policy #		Vehicle Insurance Company			
Are you a citizen of the United States?		An Alien Resident?			

## Work/Volunteer History

Present Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

Previous Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

Previous Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

## Education/Training

Highest level of education completed?	
Other educational/training programs completed?	

Do you have work experience and/or training in any of the following areas?

Art/Graphics		Health Care		Criminology	
Child Care		Law Enforcement		Drug/Alcohol Abuse	
Child Development		Mental Health		Education	
Counseling		News/Media		Writing	
Psychology		Public Speaking		Social Work	
Juvenile Court		Foreign Languages		Working with Children	

If yes to any of the above, please describe:

## Legal History

**Note:** It is important that you be thorough and honest in giving of these answers. Answers which are found to be untrue may disqualify you as a potential volunteer.

Have you ever been arrested and/or charged of a crime?	Yes or No
Have you ever been convicted of a crime?	Yes or No
Have you ever been placed on a diversion?	Yes or No
Have you ever had a conviction, adult or juvenile, expunged from your record?	Yes or No
Have you ever been involved in a juvenile case as an adult or a child?	Yes or No
Have you ever been the subject of a child abuse/neglect investigation?	Yes or No
Do you have any experience with child abuse/neglect?	Yes or No

If you answered YES to any questions, please explain:

## Emergency Contact

Name					
Street Address					
City		State		Zip Code	
Home Phone		Work Phone			
E-Mail Address					

## Personal References

Please print names, addresses, and phone numbers of FOUR (4) people who have known you for at least TWO (2) years, who know you well, can address how you relate to children and others, and how well you could fulfill the responsibilities of a CASA. **THE CASA PROGRAM STAFF WILL CONTACT THE REFERENCES YOU LIST. *Please do not include relatives.***

<b>1.</b> Name					
Relationship		Length of Acquaintance			
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

<b>2.</b> Name					
Relationship		Length of Acquaintance			
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

<b>3.</b> Name					
Relationship		Length of Acquaintance			
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

<b>4.</b> Name					
Relationship		Length of Acquaintance			
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

## Notice of Screening Procedures

In order to protect children and provide the court with qualified volunteers, a fingerprint-based national criminal history record investigation will be conducted on every applicant, as well as screening through the Department of Social and Rehabilitation Services (SRS) Child Abuse and Neglect Central Registry.

The Office of Judicial Administration will submit the applicant's fingerprints to Kansas Bureau of Investigation (KBI) for a Criminal History Record Inquiry. The KBI will provide a report on the applicant's criminal record investigation to the Office of Judicial Administration. Applicants found to have been convicted of, or charges pending for, a felony or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility will not be approved for service. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as a CASA.

The applicant's local CASA program will make inquiries to the Department of Social and Rehabilitation Services (SRS) Child Abuse and Neglect Central Registry and registries of other states where the applicant has lived in the past five years. If it is found that SRS or a similar agency in another state lists the applicant as the perpetrator of an act of child abuse or neglect the CASA program will generally disallow certification.

***I understand that the information obtained through references and computer and fingerprint checks will be confidential and for the exclusive use of CASA of Shawnee County, Inc***

All information will be held in strict confidence. Criteria used in the selection of a volunteer will be such as to ensure that the individual is able to meet the responsibilities of a CASA. NO INDIVIDUAL WILL BE REJECTED BECAUSE OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, GENDER, AGE, DISABILITY OR MARITAL STATUS.

I have read and agree to the above and certify that the information contained in the CASA Volunteer Application is correct and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mailing Address: 501 SE Jefferson, Suite 2002 Topeka, KS 66607**

**Located at the Ramada Inn Downtown; 2<sup>nd</sup> Floor, Business Suites**

**Phone: 785-215-8282 Fax: 785-354-1740**

[info@shawneecocasa.org](mailto:info@shawneecocasa.org)

[www.casaofshawneecounty.org](http://www.casaofshawneecounty.org)

[www.facebook.com/casashawnee](https://www.facebook.com/casashawnee)

**The mission of CASA of Shawnee County, Inc. is to utilize volunteers to advocate for the best interest of children and youth involved in the court system.**

**The purpose of this advocacy is to provide a voice for these children in an effort to have informed & expedient decisions made about their futures.**

Kansas Department of Social and Rehabilitation Services  
Child Abuse and Neglect Central Registry  
915 SW Harrison 5th Fl. South  
Topeka, Kansas 66612

Child Abuse and Neglect Central Registry  
**Release of Information**

I, \_\_\_\_\_, give permission for the release of any information concerning  
(please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Joanna Penn

Agency Name: CASA of Shawnee County, Inc

Mailing address: 501 SE Jefferson, Suite 2002; Topeka, KS 66607

Phone Number: 785-215-8282

I understand that all information released will be for the exclusive and confidential use of the above  
named organization/person/agency.

**\*\*Please complete the information below by printing in ink. Please print legibly. Do not leave any  
space blank. All requested information is required to process this request. Incomplete information  
will result in the release not being processed and will be returned as insufficient. \*\***

First, Middle, and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames, or Other Names Used:  
(Use N/A if no other names used.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Gender:

Male

Female

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. of Education – Central office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://www.ksmentors.ks.gov/recordscheck.htm>. If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:**  **If yes, please check**

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**For Central Registry Use Only**

\_\_\_ **FEE ATTACHED**



**PERMISSION TO:**

- FINGERPRINT CONTACT REFERENCES
- CONDUCT COMPUTER BACKGROUND CHECK
- OBTAIN IDENTIFICATION RECORDS SYSTEM CRIMINAL HISTORY CHECK

*In order to protect children and provide the court with qualified volunteers, a fingerprint-based national criminal history record investigation will be conducted on every applicant. The Office of Judicial Administration will submit your fingerprints and receive the report on your criminal history investigation. Applicants determined ineligible to serve as volunteers based on their criminal history background investigation will have the opportunity to verify their identity with the Office of Judicial Administration and to appeal this determination with the Chief Judge of the Judicial District or his or her designee. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as CASA or CRB volunteers.*

I hereby give permission to CASA of Shawnee County, Inc. to obtain references and inquire about my qualifications and character. I understand these reference checks may be by phone or in writing and may include present or past employers, directors of other volunteer organizations and personal references supplied on my application form.

Further, I agree to a law enforcement and SRS Child Abuse and Neglect Registry computer check. I also agree to be fingerprinted for a Fingerprint Identification Record System (FIRS) criminal history check.

NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_ ALSO KNOWN AS \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_

**Please list your address: Street, City & Zip (for the last 5 years) Approximate dates lived there**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CASA of Shawnee County, Inc. has my permission to use photocopies of this document.

I understand that the information obtained through references and computer and fingerprint checks will be confidential and for the exclusive use of CASA of Shawnee County, Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_



CASA of Shawnee County, Inc., 501 SE Jefferson, Ste. 2002 Topeka, KS 66607 785-215-8282

Revised 9-08



**CASA OF SHAWNEE COUNTY, INC.  
501 SE Jefferson, Suite 2002  
TOPEKA, KS 66607  
(785)215-8282**

**VOLUNTEER OATH OF CONFIDENTIALITY**

I, \_\_\_\_\_, accept responsibility as a volunteer of CASA of Shawnee County, Inc., to maintain confidentiality concerning the internal business of CASA of Shawnee County, Inc. and all information pertaining to the cases that are assigned to the agency.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CASA Volunteer Recruiter Signature

\_\_\_\_\_  
Date