

CHURCHILL COUNTY CASA

CASA APPLICATION FORM

First City:	Middle Cell	Pref State:	erred Name
City:	Call	State:	Zip:
	(ماا		•
	Phone:		
	Fax:		
	Gender:	□Male	□Female
	Date of Birth:		
			
State:	•		
		Gender: Date of Birth: State: Exp Date	Gender: □Male Date of Birth:

Previous Addresses				
How long have you l County?	ived in Churchill		Nevada?	
Please list places of Street A		ast ten years: City/State	Number	r of Years
Street A	<u> </u>	City/State	Number	or rears
				· <u></u>
(Use the back of this	s page if more space	e is needed)		
Education				
Highest Completed: ☐ Post Graduate De		I Some College □ 2	2 Year Degree	□ 4 year degree
degree or diploma e	arned and date	leted please provide	the name of the	school, specific
received:				
Employment				
		current or most recen	it job:	
□Full Time □Part	Time □Retired			
Employer:		Position:		
Address:		City, State & ZIP:		
From	То			
(Mo/Yr):	(Mo/Yr):			
Supervisor:		Supervisor's Phone:		

May we co	ntact? □Yes □No	
Describe your duties:		
Reason for leaving:	-	
Describe o	ther professional experience you h	ave:
If available	e, please submit a copy of your cur	rent resume.
Status:	□Single □Married □Separ □Relationship	ated □Divorced □Widowed
Children:	Child's Name	Date of Birth Gender

_							
							□Male
_							□Female
							□Male
_							□Female
							□Male
							□Female
(Use the ba	ck	of the page	if more space is r	need	ed)		
Backgroun	1						
Do you have	e a	ccess to a	Insurance				
car?			Provider:		(provide copy o	f insuran	ce card with
□Y€	S	□No			арр	olication)	
-			detained by police ny traffic arrests			ırt, convi □Yes	-
If yes, prov	ide	details in s	pace below:				
Date of C	ffe	ense	Charge		City/State	Di	sposition

Personal References

Please list the names and other requested information below for those who will act as references for you (Reference Forms are included in the packet)

• The references you choose should be individuals that have known you for two years or more such as current or past co-workers, members of your

church or community groups, people from organizations where you have been a volunteer, or friends. They cannot be a relative.

- If you are currently employed, one of your Reference Forms must be from your employer.
- If you are currently in therapy, one of your Reference Forms must be from your therapist.
- Again, Reference Forms from family members cannot be accepted.

Reference Name	Address	City, State & ZIP		
Please describe why you want to be a CASA and what you see as the skills and strengths that you will bring to this role.				

Have you ever been a CASA or been an employee of a CASA program? $\square Yes \square No$
If yes, please give program name, job/volunteer title, dates of service, and reason for leaving:
Do you have any chronic health problems (e.g. back, migraines, hearing loss, etc.)
that might interfere with your work as a CASA?
□Yes □No
If yes, please explain.

L					
What does commitment mean to you?					
Please answer the following questions regarding your complexpertise:	ıter and	l software			
Do you have a computer at home? ☐Yes ☐No (if the answ computer available at the CASA Office to use for report wri	Do you have a computer at home? □Yes □No (if the answer is no, we have a computer available at the CASA Office to use for report writing)				
Microsoft Office Word					
Is Microsoft Office Word currently installed on your computer?	□Yes	□No			
Can you work with a Word document?	□Yes	□No			
Microsoft Office Excel					
Is Microsoft Office Excel currently installed on your computer?	□Yes	□No			
Can you work with an Excel document	□Yes	□No			
Email					
Can you attach a document to an email?	□Yes	□No			
Can you open an attachment on an email?	□Yes	□No			
What questions or concerns do you have about being a CASA	.?				



The information requested in this application and other parts of the background check and selection process will be used only for the purpose of determining suitability as a CASA, and will be kept in confidence.

BY SUBMITTING THIS APPLICATION, I AGREE TO AND/OR AUTHORIZE THE FOLLOWING:

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if accepted, any misrepresentation or omission of fact will cause my disqualification and/or immediate termination. I understand that if I refuse or fail to sign this application, my application will be rejected.

I understand that by submitting this application, I am authorizing that inquiries be made concerning my suitability as a CASA. The background investigation will include a reference check, as well as a formal security check. I acknowledge that if I am found to have been convicted of a felony, or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect, I will be ineligible to serve in the role of a CASA.

I authorize Churchill County CASA to interview me in depth regarding my personal background and experiences. Children in the CASA program have experienced or witnessed a variety of personal challenges including emotional, physical or sexual abuse, substance abuse and/or mental illness. Because appropriate assignment of a child depends on the CASA's own experiences of these issues, I understand that my CASA interview will include questions about these topics. If I become uncomfortable

with these questions I will be free to terminate the interview, but I understand that my application will then be considered withdrawn.

I understand that CASAs are selected based on their individual ability to meet the responsibilities of the CASA program, as determined at the discretion of the Program Manager. I also understand that because of the confidential nature of the screening process, this agency is not obligated to disclose to me reasons or sources for any decision concerning my acceptance or non-acceptance into the CASA program. I understand that all materials I submit, and forms submitted by references, become property of CASA and will not be returned. Furthermore, I hereby waive any claim that the selection practices and policies described above are an invasion of privacy.

I understand that the agency must take the best interest of the children into consideration first when matching them with a CASA. Thus, I understand that in the event that I should complete the entire CASA training, (1) CASA is not obligated to certify me (present me to the court to be sworn as a Special Advocate), (2) CASA is not obligated to assign, or to actively seek to assign to me a child, and (3) I am not obligated, if called upon, to perform volunteer services herein applied for. However, no individual will be rejected because of disability, ethnicity, color, sex, gender identity, marital status, religion, national origin, race, age, or sexual orientation.

I understand that I must complete 40 hours of training that includes the observation of court proceedings before being considered for certification as a CASA. I further understand that I must participate in an additional 12 hours of continuing education each year. If selected for program certification and assigned to a child's case, I understand that my duties will include court appearances, and may include visits to homes of family members involved in the case or children's treatment programs.

Finally, I recognize that any changes made to the understandings above must be made in writing and signed either by the Program Manager or the Program Director.

Printed Name	e:		
Signature:		 	