



First Judicial District CASA 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		
Are you a citizen of the United States?	An Alien Resident?		
States you have resided in since the age of 18?			

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:

Please describe any experience you have working with children:

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 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.

Name				
Relationship				
Length of Acquaintance				
Daytime Phone				
Address				
City	State		Zip Code	
E-Mail Address				

Name				
Relationship				
Length of Acquaintance				
Daytime Phone				
Address				
City	State		Zip Code	
E-Mail Address				

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.

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 _____

**Office of Judicial Administration
Criminal History Record Inquiry**

Judicial District	1st Judicial District
Program Name	First Judicial District CASA Association
Program Type	<input checked="" type="radio"/> CASA <input type="radio"/> CRB

NAME	First	Middle	Last

Maiden Name	
Also Known As	

Date of Birth		Height	
Place of Birth (City, State, Country)		Weight	
Social Security Number		Color of Hair	
Ethnicity (Hispanic or Non-Hispanic)		Color of Eyes	
Race		Gender	

Please list your address(es) for the past 5 years and approximate dates at residence.

Street Address	City	State	Zip	Dates

Street Address	City	State	Zip	Dates

Street Address	City	State	Zip	Dates

Street Address	City	State	Zip	Dates

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 understand that the information obtained through the Criminal History Record Inquiry will be confidential and for the exclusive use of determining eligibility for the CASA or CRB program.

Signed _____ Date _____

For use by the Office of Judicial Administration Only

Request Sent	Entered by



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
 9/2018
 Page 1 of 1

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: Jeré Deyo Agency/Org.: First Judicial District CASA Association
 Phone #: (913) 651-6440 Address: 100 South 5th Street
 Email: Jere@casalvks.org City/State/Zip: Leavenworth, KS. 66048

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: _____
<input checked="" type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:	MATCH		CLEARED
	<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (see attached document for more info.)		