



**CASA of Scotts Bluff County**  
615 S Beltline HWY W – Suite 17  
Scottsbluff, NE 69361  
(308) 672-2922

### Volunteer Application

Please print

Instructions: There are three pages to this application. Complete all questions, sign it and return it to the address shown.

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

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address(es): (if less than five years at current address) \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell number: \_\_\_\_\_

Business phone: \_\_\_\_\_ Can you be contacted here? Yes \_\_\_\_\_ No \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 list and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Emergency contact information

In case of emergency contact: \_\_\_\_\_

Emergency phone number(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

#### Employment information

Employer \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of work \_\_\_\_\_

**Educational background**

Primary school(s) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

High School(s) \_\_\_\_\_ degree: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

College(s) \_\_\_\_\_ degree: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Do you speak a language other than English, if so what? \_\_\_\_\_

Are you willing and able to complete up to 34 hours of initial training, 12 hours of annual training, attend team meetings and make court appearances as needed to fulfill CASA appointments? \_\_\_\_\_

Can you see yourself visiting a family or child in their home and/or in an institutional setting? \_\_\_\_\_  
\_\_\_\_\_

What personal strengths do you bring to CASA? \_\_\_\_\_  
\_\_\_\_\_

Please circle the skills/interests that you bring to CASA

Working with children    Administration    Telephone    Public Relations    Grant writing  
Foundation funding    Fundraising    Other (explain) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a misdemeanor offense, other than minor traffic offenses within the last five (5) years? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please be aware that 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.

Are there certain children you would find difficult to work with?  
Age, gender, ethnicity, etc.? \_\_\_\_\_

Where did you hear about CASA \_\_\_\_\_

**References**

Please list three non-relative references who can describe your personal and/or professional capacity to serve as a volunteer for this program. At least one of these references should be from employment or volunteer experiences. References will be contacted.

Name \_\_\_\_\_ relation \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ relation \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ relation \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Release**

I understand that the CASA Program (hereafter "Program") will require that I complete at least one (1) personal interview and criminal records check and that submitting an application does not ensure acceptance into the Program. I further understand that I may be requested to attend mandatory training as established by the 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 the Program to gather and receive information pertaining to any possible child mistreatment claims or law violations pertaining to me by means of a Child Abuse/Neglect Registry Check and a Criminal Records check. My acceptance as a volunteer could be affected by the information found.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve for a minimum of one (1) year in the Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA office with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a volunteer. I will discuss these matters only with those persons who are directly involved with the case or who will be consulted for their professional knowledge and expertise.

A copy of the release is considered valid.

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

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_