CHILD ADVOCACY SERVICES VOLUNTEER APPLICATION

Thank you for your interest in becoming a CASA volunteer. Our current service area includes: Clay and Oktibbeha Counties in Mississippi. Please complete the application by providing the information requested and you will be contacted about the next steps required to become a Court Appointed Special Advocate.

CASA
Court Appointed Special Advocates
FOR CHILDREN
THE GOLDEN TRIANGLE

Qualifications

Are you at least 21 years old? Yes No

Personal Information

First Name
Middle Name
Last Name
SSN
AKA
Address
Address 2
City
State
Zip
County

Gender
Hispanic
Race
Birthdate
Birth City
Birth State
Home Email
Work Email
Home Phone
Cell Phone
Work Phone
Best Phone
Height Ft
Height In
Weight

Marital Status

Primary Language

Education

Type
Degree
Major

Contact Information

Spouse/Partner

First Name

Middle Name

Last Name

Phone No.

Company Name

Position/Title

Emergency Contacts

First Name

Last Name

Phone

Phone 2

Relationship

Experience

Please indicate any experience or affiliations as a client or service provider with the following: If yes, please explain

Child Protective Agencies Yes No
If yes, Explanation:

Foster Care Yes No
If yes, Explanation:

Juvenile Court Yes No
If yes, Explanation:

Other Child Service Agencies Yes No
If yes, Explanation:

Child Abuse or Neglect Yes No
If yes, Explanation:

Domestic Violence Yes No
If yes, Explanation:

Mental Illness/Mental Health Treatment Yes No
If yes, Explanation:

How did you hear about our program?

Volunteer Experience

If you have any volunteer experiences that you would like to share with us, please let us know.

Organization Name

Supervisor First Name

Supervisor Last Name

From Date

To Date

Responsibilities

Reason for Leaving

Employment

Please share with us information on your current employment, if applicable.

Employment History

Career Type

Status

Current Employer

Job Title

Company

Address

Address2

City

State

Zip Code

Responsibilities

Work Hours

From

To

Reason for Leaving

Supervisor First Name

Supervisor Last Name

Permission to contact

Phone No.

Vehicle Information

Driver's License Number

State

Exp. Date

Auto Insurance Company

Exp. Date

Background Information

Background

Have you ever served as a CASA volunteer in another state or parish? If yes, please explain.
If yes, Explanation:

Yes No

Criminal History

Have you ever been arrested? If yes, please provide the charge, the date of the arrest and the location.
If yes, Explanation:

Yes No

Have you ever been exposed to an incident of child abuse or neglect?
If yes, Explanation:

Yes No

Have you ever been involved in any legal action involving mistreatment or abuse of a child?
If yes, Explanation:

Yes No

Is there any reason that the judge may be reluctant to appoint you to a case?
If yes, Explanation:

Yes No

CASA of the Golden Triangle Volunteer Background Check Authorization and Consent Form

Section 1: Personal Information

Legal Name: _____ _____ _____ _____
(Last) (First) (Middle) (Maiden/Suffix)

Other Names You Are (or Have Been) Known By: _____

_____

Date of Birth: _____ Social Security Number: _____

Driver's License/ID Number: _____ Issuing State: _____ Marital Status: _____

Current Phone Number: (____) _____-_____ Email Address: _____

Permanent/Current Address: _____

City/State/Zip: _____

Have you resided, worked, or gone to school in any state other than your current state in the past seven years?
☐ Yes ☐ No

If you answered YES, please list ALL previous addresses, areas of attending school, living, and working for the past seven years. Please list in order from most recent to least recent. If space for additional addresses is needed, please write them on the back of this form.

1. Address: _____

City/State/Zip: _____

Employer/School Attended: _____ Applicable Dates: _____

2. Address: _____

City/State/Zip: _____

Employer/School Attended: _____ Applicable Dates: _____

Section 2: Disclosure of Criminal History

Have you ever been convicted of a sex offense? ☐ Yes ☐ No

Have you ever been found not guilty of a sex crime by reason of insanity? ☐ Yes ☐ No

Has a Court ever found you to be physically or mentally incompetent? ☐ Yes ☐ No

Have you ever been involved in any legal action involving mistreatment or abuse of a child? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been **arrested/charged with a crime (misdemeanor or felony)?** ☐ Yes ☐ No

If yes, provide details for **each arrest/criminal charge:**

Charge: _____ Date: _____ Location: _____

Outcome: _____

Are there any criminal charges (misdemeanors or felonies) **still pending** against you? ☐ Yes ☐ No

If yes, provide details for **each pending criminal charge**:

Charge: _____ Date: _____ Location: _____
Details: _____
_____

Charge: _____ Date: _____ Location: _____
Details: _____
_____

Section 3: Authorization

Please INITIAL to indicate you have read and understood these terms.

_____ I hereby authorize the CASA of the Golden Triangle and its designated agents and representatives to conduct a review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the background check may include, but is not limited to, the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

_____ I understand that I will be background checked pursuant to applicable grant and/or National CASA/GAL requirement and federal, state, local, and tribal law, to determine my suitability.

_____ **I understand that I will also be required to be FINGERPRINTED by the Oktibbeha and/or Clay County Sheriff's Office or other such agency/entity after I submit this form.**

_____ I understand that an outside agency may be used to research and verify the information I have provided on my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish the CASA of the Golden Triangle all information about me.

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by the CASA of the Golden Triangle.

I hereby certify and affirm that the information provided by me on this form is complete and true and correct as stated.

Signature: _____

Printed Name: _____ **Date:** _____

Personal References – Non-Family

Please list three references, their mailing addresses, including zip code, and email address.

One reference **must be an employer or co-worker, if employed, or a previous employer if not employed or retired.**

Examples of persons for the additional 2 references: friends, teachers, therapists, ministers, etc.

Your spouse/romantic partner, children, or any other relative of yours CANNOT be used as a reference.

We will be sending them a questionnaire upon receipt of this form, and it is VERY IMPORTANT that we have a way of contacting them.

1. Reference's Name: _____

Email Address: _____

Mailing Address: _____

City/State/Zip: _____

Your Relationship to this reference: _____

2. Reference's Name: _____

Email Address: _____

Mailing Address: _____

City/State/Zip: _____

Your Relationship to this reference: _____

3. Reference's Name: _____

Email Address: _____

Mailing Address: _____

City/State/Zip: _____

Your Relationship to this reference: _____

I give my permission to have my references contacted by CASA of the Golden Triangle.

_____ _____

Signature Date

Printed Name: _____