



Obtain copy of driver's license and one of the following: 1) birth certificate OR SSN card.

CASA Application

Are you able to attend **all** of the CASA pre-service training dates listed? Yes: ___ No: ___

Last Name: _____ First Name: _____ Middle Initial: ___ Nickname: _____

Date of Birth: _____ Phone: _____ Cell: _____ Home Email: _____

Race/Ethnicity: __African American__Bi-Racial (AA/C)__Caucasian__Latino__Multi-Racial__Native American__Other

Current Address

How Long?

Address: _____ City: _____ State: _____ Zip: _____ Years: _____ Months: _____

Prior Addresses for Last Seven (7) Years:

Dates at Address (Year)

Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

May we call you at work: Yes or No Work Phone: _____ Work Email (optional): _____

Employment: Full Time: ___ Part Time: ___ Not Employed: ___ Retired: ___ Seeking Employment: ___ Student: ___?

Name of Employer: _____ Job Title: _____

Briefly describe your work (job): _____

May we contact your employer for a reference? Yes or No Supervisor's Name: _____ Phone: _____
How long have you held this job? Years: _____ Months: _____

Emergency Contact Information:

Emergency Contact Name: _____ Emergency Contact Phone: _____
Relationship to Emergency Contact: _____ Emergency Contact City/St.: _____

Education: GED: ___ High School Grad: ___ Some College: ___ 2 Yr. Degree: ___ 4 Yr. Degree: ___ Post Grad: _____?

Major Field of Study: _____ Minor Field of Study: _____

Experience/Skills:

Describe you professional _____

Or volunteer experience _____

With children: _____

Do you currently volunteer in any capacity? Yes or No

If yes, indicate position and hours per week? _____

List Strengths/skills you would bring to your CASA work? _____

List any foreign language(s) or sign language skills: _____

Have you applied to or volunteered for another CASA program in KY, another state, or U.S. Territory? Yes or No

If yes, indicate which programs (provide all): _____

History:

Have you ever been contacted by a child protective service agency? Yes or No County: _____ State: _____

Are you currently or have you been a foster care provider? Yes or No County: _____ State: _____

Do you have any history with a Juvenile Court system? Yes or No County: _____ State: _____

Do you have any history with agencies offering services to children? Yes or No County: _____ State: _____

*If you checked 'Yes' to
Any of above, please
Explain circumstances
And year(s):

Have you ever been charged or convicted in a Court of Law? Yes or No

If you checked 'Yes' list
Charges/convictions &
Date(s):

Do you agree to report ANY future arrest to the CASA program director within 24 hours? Yes or No

Personal:

***All CASA volunteers must hold a valid driver's license and current automobile insurance (liability). Volunteers will be required to provide the CASA Office with a current driver's license and proof of current liability insurance.**

Do you have a valid KY driver's license? Yes or No

Do you have valid auto insurance (liability)? Yes or No Your auto insurance company: _____

Do you have access to a car? Yes or No

Do you agree NOT to transport CASA children to their family members under any circumstances? Yes or No

Do you have any health problems or disabilities? Yes or No If yes, please name: _____

Have you ever received or been recommended by a professional for drug and/or alcohol treatment or counseling? Yes or No

Have you ever received or been recommended by a professional treatment or counseling for mental health, psychological or psychiatric concerns? Yes or No

Are you currently in mental health or substance abuse therapy? Yes or No

*If yes, name of therapist, doctor or agency: _____

How did you learn about Court Appointed Special Advocates (check all that apply)

- Television
- Bench Billboard
- Speaker
- Radio
- Dr. Phil
- Website
- Friend
- National CASA Assoc.
- CASA Volunteer Name: _____
- Other (please specify): _____



References

Please list four (4) personal references. References from family members are NOT accepted. Personal letters are NOT accepted. Please provide only references with email addresses and inform your references that they will be sent an electronic References Form from the CASA Office by email.

CASA Applicants will be called for an interview AFTER at least (3) References have responded to the CASA Office. If you would like to know the status of returned references, you may call the CASA Office.

Reference #1

Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (required): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

Reference #2

Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (required): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

Reference #3

Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (required): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

Reference #4

Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (required): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

You may also send for my references BEFORE police and child welfare agency reports are received: Yes or No



CASA of Northeast KY, INC.

Release of Information

I hereby give my informed consent to CASA of Northeast KY, Inc. program to complete a thorough investigation of my character and fitness to be a CASA Volunteer. I understand that by signing the release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which may include my past or present employers. I further authorize FBI, state and/or local police record checks, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA Volunteer and may be shared with other CASA programs, if appropriate. I further understand that additional background checks may be made on me in the future to remain a CASA Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA Volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in this selection of CASA volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA volunteer. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21) or marital status.

I understand that CASA of Northeast KY reserves the sole right to determine which individuals are suitable to become CASA Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past seven (7) years and/or who have a history with a child protective service agency may not be accepted as a CASA Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect, or who had been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA Volunteer. Applicants who refuse to sign this release will not be considered for the CASA of Northeast KY program.

Applicant's Signature: _____ Date: _____

*By signing my name above, I attest that I am the Applicant and the Preparer of this document and all information contained herein is accurate and true.

Full Legal Name: _____ Date of Birth: _____ Social Security Number: _____

For Office Use Only:

CA/N Check: _____

VAR Check: _____

FA Check: _____

CPS Check: _____

Interview Date: _____

Ref's Rec'd: 1: __ 2: __ 3: __ 4: __



CASA of Northeast Kentucky, Inc.

"Serving the Children of Boyd, Carter, Elliott, and Morgan Counties"

Boyd County
(Boyd County Fiscal Courthouse)
2800 Louisa Street, Suite 300
Catlettsburg, KY 41129

Carter County
(Grayson City Building)
302 East Main Street, 2nd Floor
Grayson, KY 41143

Phone: (606) 739-2177 Fax: (606) 739-0143

www.casaneky.org

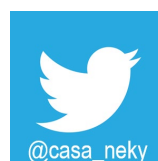
GENERAL CONSENT FORM

I hereby authorize CASA of Northeast KY, Inc. to complete all necessary background checks required by law to complete my application and remain in compliance with all applicable governing bodies including but not limited to: National CASA/GAL, Kentucky CASA Network, Kentucky Administrative Regulations.

I release CASA of Northeast KY, Inc. its officers, agents and employees from any liability or damages resulting from conducting these background checks.

Date

Name



Online Background Checks

The following are mandatory pieces of information in order for staff to conduct background checks.

First Name:

Middle Name *(if they do not have one, write NA):*

Maiden Name *(if they do not have one, write NA):*

Last Name:

Suffix *(if they do not have one, write NA):*

Date of Birth:

SSN:

Gender:

Phone:

Email:

Address *(starting with your current, please include all within the past five years):*

House #	Street	City	State	Zip	From	To

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher
(Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ___ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: CASA of Northeast Kentucky, Inc.

ADDRESS: 2800 Louisa Street, Ste. 300 **CITY:** Catlettsburg

STATE: Kentucky **ZIP:** 41183 **PHONE:** 606-739-2177

E-MAIL ADDRESS: jevans@casaneky.org

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- No reportable incident found in accordance with 922 KAR 1:470
 - Substantiated child abuse found on the registry Date of substantiated finding: _____
 - Substantiated child neglect found on the registry Date of substantiated finding: _____
- The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No
- A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____

CASA VOLUNTEER ADVOCATE JOB DESCRIPTION

TIME COMMITMENT

30 hours pre-service training; 12 hours of annual in-service training; other flexible hours as necessary for the assigned case (minimum of 10 hours per month).

POSITION PURPOSE

To serve as a Court Appointed Special Advocate volunteer, working independently to investigate and monitor cases of juvenile abuse, neglect and/or dependence in the Boyd and/or Carter County Courts.

Duties and responsibilities:

Obtain first hand a clear understanding of the needs and situation of the child by reviewing all relevant documents and records and interviewing the child, parents, social workers, teachers and other persons to determine the facts and circumstances of the child's situation.

Identify and advocate for the best interest of the child.

Seek cooperative solutions by acting as a facilitator among parties.

Provide at every hearing reports which include findings and recommendations.

Appear at all hearings to advocate for the child's best interests and provide testimony when necessary.

Have regular and sufficient in-person contact with the child to ensure in-depth knowledge of the case and make fact-based recommendations to the court. The CASA/GAL volunteer shall meet in-person with the child once every thirty days at a minimum. An exception may be granted at the discretion of program staff; however, the justification and reasons for a decision to permit less frequent-in person contact must be documented.

Make recommendations for specific appropriate services for the child and, when appropriate, the child's family.

Determine if a permanent plan has been created for a child.

Monitor implementation of service plans and court orders assuring that court-ordered services are implemented in a timely manner and that review hearings are held in accordance with the law.

Inform the court promptly of important developments in the case through appropriate means as determined by court rules or statute.

Advocate for the child's best interests in the community by interfacing with mental health, educational and other community systems to assure that the child's needs in these areas are met.

Participate in all scheduled case conferences with supervisory staff.

Participate in mandatory in-service training.

Maintain complete records about the case, including appointments, interviews and information gathered about the child and the child's life circumstances.

Submit monthly reports to the Volunteer Coordinator.

Return case files to the program after the case is closed.

Qualifications

Must be at least 21 years of age.

Must successfully pass a thorough screening/background checks.

Successful completion of pre-service training program.

Attend a minimum of 12 hours in-service hours annually.

Able to respect and relate to individuals from various backgrounds and cultures in a caring and sensitive manner.

Good oral/written communication skills.

Understands and is willing to commit to a minimum of a one-year volunteer position serving on a minimum of one assigned case.

Willing to accept supervision, training and evaluation from the professional staff.

Able to provide own transportation.

Must be a dedicated child advocate, willing to learn the best possible means to ensure that the needs of the children in the Boyd and Carter County juvenile justice systems are being met.