

CASA by the Lakes

Court Appointed Special Advocate Application Packet

This packet includes:

- Letter to Potential Volunteer
- Court Appointed Special Advocate Application (4 Pages)
- Training Availability Form
- Choice Point National and State Criminal Background Check
- Adult Protective Services Registry Check

Volunteer Applicant Checklist

For your convenience we have included a checklist of all items that should be completed in this packet. These items must be returned to CASA by the Lakes in order to be considered for the CASA program. **All files will be kept confidential.**

_____ Application

_____ Training and Service Availability Form

_____ Copy of Driver's License

_____ Choice Point National and State Criminal Background Check

_____ Adult Protective Services Registry Check



2371 US Hwy 641 N
Murray, KY 42071
270.761.0164
casaprmurray@gmail.com

Friend of CASA,

Thank you for indicating an interest in becoming a CASA by the Lakes volunteer. I am excited to let you know that training courses for New Volunteer Court Appointed Special Advocates are beginning soon.

I know the 30 hours of initial training is a big commitment of your time and energy, but every child that we are able to help who has been abused or neglected is worth that and so much more!

While we hope to structure our training sessions around the schedules of our new volunteers, we realize that you may already have other things scheduled on some of the training dates. There will be independent study opportunities to make up any classes that you have to miss.

Becoming a child's advocate in the court system can be such a rewarding way to give of yourself to make a difference in our communities. There are children who are hurting right here in Marshall and Calloway County who need you!

Complete the application packet and mail it back or feel free to bring it by the office and talk with us in person. CASA needs volunteers like you! Please call me with any questions at the office at 270-761-0164.

Sincerely,

Jessica Foust
Interim Executive Director

CASA of Calloway and Marshall Counties (DBA CASA by the Lakes) is a 501(c)3 organization.
Tax #20-4033610

Volunteer Application

CASA by the Lakes

Directions:

Please Print or Type this Application. Write your answers in the space provided. If more space is needed, please write your answers on an additional page and attach extra pages before submission.

Section I

Personal Information:

Name: First	Middle (No Initials Please)	Last	Maiden
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Address	How long at this address?	Date of Birth
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City	State	Zip Code
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Home Phone	Work Phone	Fax
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Cell Phone	Email address*
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* If you do not currently have access to a computer, would you be willing and able to come to the CASA office to type required court reports on an office computer.

_____ Yes _____ No

Occupation	Daytime Phone
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Social Security #	Driver's License #	State of Issue
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Are you employed? _____ Yes ___ No If yes, by whom? _____

May you be called at work? _____ Yes _____ No

Spouse's Name

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Educational Level

(Circle the highest level completed):

High School: 9 10 11 12 College: 1 2 3 4 Graduate/ Professional: 1 2 3 4

If College, what institution(s): _____

Degree(s): _____ Date(s): _____

Work Experience:

Please also include any experience working with children.

Employment	Responsibilities	Dates of Service

Do you have any training or experience in any of the following areas?

_____ Child Welfare	_____ Mental Health	_____ Public Speaking
_____ Teaching	_____ Counseling	_____ Child Care
_____ Social Work	_____ Medicine	_____ Advertising
_____ Law Enforcement	_____ Public Relations	_____ Graphic Design/ Art
_____ News Media	_____ Fundraising	_____ Writing
_____ Psychology	_____ Child Development	_____ Drug/Alcohol Abuse Program

List any community activities, membership in clubs, religious and/or organizations.

(Attach additional sheets if necessary)

Hobbies/Interests: _____

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Languages Spoken (other than English) _____

**Have you ever applied to volunteer or have you ever served as a volunteer with another CASA/
GAL program before?**

_____ **Yes** _____ **No**

**If yes, please list the names of the program in the space below. The CASA program may be
contacted.**

List previous and current volunteer work and include dates of service:

What strengths and weaknesses do you think you bring to the CASA program?

Personal References:

*At least one reference must be from someone other than a friend or a co-worker. Such as, a teacher, therapist, or
employer who knows you well. No relatives please.*

Name and Relationship	Street Address	City	State	Zip Code	Ph #	Email

Stipulations

**As a CASA volunteer you will be required to attend court hearings for the child(ren) you represent.
Will you be able to arrange your schedule to attend these hearings?**

_____ **Yes** _____ **No**

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Are you willing to be sworn by the judge to an oath of confidentiality?

_____ Yes _____ No

Are you prepared to complete 30 hours of pre-service training?

_____ Yes _____ No

Are you willing to commit to one year of CASA volunteer service?

_____ Yes _____ No

Have you ever been convicted of a crime other than a traffic violation?

_____ Yes _____ No

If Yes, what charge? _____ **Date:** _____ **Where:** _____

Do you consent to a routine check of your criminal records?

_____ Yes _____ No

Can you think of any reason why a judge might be reluctant for you to serve as a CASA volunteer?

_____ Yes _____ No **If Yes, what reason?** _____

This section is to be completed by CASA personnel only:

AOC Statewide Criminal Search: _____ Sent _____ Received

DCBS Records: _____ Sent _____ Received

Adult Protective Services Registry: _____ Sent _____ Received

National Criminal File Plus/Sex offender Registry:

_____ Sent _____ Received

Character References: _____ Sent

Received: 1. _____ 2. _____

3. _____

Training Completed: _____ **Oath Taken:** _____
(Date) (Date)

CASA by the Lakes

Training and Service Availability Form

New Advocate Training

Please indicate your typical work schedule in the spaces provided below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Other: _____

Please include your typical availability in the spaces provided below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

In- Service

Each CASA volunteer is required to complete 12 hours of in-service per year. These hours may be earned by reading approved books, watching instructional videos, attending designated activities and events, or participating in interactive in-service training sessions. CASA by the Lakes schedules In Service opportunities monthly. We make every attempt to schedule our in-service trainings at different times so that the maximum number of volunteers may participate. These trainings are typically one hour. Please select the time(s) you are most often available.

_____ Morning (8 AM- 11 AM)

_____ Lunch (11 AM- 1 PM)

_____ Afternoon (4 PM- 6 PM)

_____ Evening (6PM- 8 PM)

Service Area

Our volunteers may choose to serve in either Calloway or Marshall Counties, or they may serve in both. Please specify your preference.

_____ Calloway County

_____ Marshall County

_____ I will serve in either county.

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Choicepoint National Criminal File Plus & AOC Statewide Criminal Search
(Includes National Sex Offender)
Consent Form

I hereby authorize

CASA by the Lakes, Inc.
2371 US Hwy 641 N
Murray, KY 42071

To receive any criminal history and/or child abuse (including sex offender) registry information pertaining to me which may be in the files of any national, state, or local criminal justice agency or the Cabinet for Health and Family Services in both national and in Kentucky.

Full Name: _____
(Last) (First) (Middle)

Maiden Name: _____
(Include Any Alias)

DOB: _____ **Social Security #:** _____

Driver's License #: _____

Current Address: _____

**Any Address You Resided
In During The
Last 7 Years:** _____

The data I completed above is correct:

Signature:

Date:



**Adult Protective Services Caregiver Misconduct Registry Check
Consent Form**

I hereby authorize

CASA by the Lakes, Inc.
2371 US Hwy 641 N
Murray, KY 42071

To complete a self-query on my behalf using the web-based Adult Protective Services Caregiver Misconduct Registry. I release CASA by the Lakes' officers, agents, and employees from any liability or damages resulting from conducting the self-query.

Full Name: _____
(Last) (First) (Middle)

Social Security #: _____

Current Address: _____

The data I completed above is correct:

Signature:

Date:

Equal Opportunity Policy:

It is the policy of CASA by the Lakes to provide equal opportunity to all applicants based on qualifications and abilities without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, or veteran status. This non-discrimination policy shall apply to the recruitment of CASA volunteers and the organization's relationship with these individuals.

Rejection Policy:

CASA by the Lakes rejects any applicants 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. Any applicant who refuses to sign a release of information or submit to any form of background checks required by the CASA program will be rejected by the program.

Affirmation:

I, _____, hereby affirm that all the answers provided on my volunteer application are true. I hereby authorize CASA by the Lakes, the Cabinet for Health and Family Services, any law enforcement agency, and any other agency CASA may authorize to investigate my background to determine my fitness to serve as a volunteer.

I understand that the information requested on this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned to a case. If I have successfully completed training and met all other requirements, and it has been determined that I am a suitable volunteer then I may be assigned a case. I understand that I will be expected to serve a minimum of one year in the CASA program. If circumstances beyond my control prevent me fulfilling this obligation, I am aware of the sensitive and confidential nature of the conversations, records and material I will examine in my capacity as a CASA volunteer, I will discuss these matters only with those persons directly involved with the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophies of the CASA program and its mission to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

The Cabinet for Health and Family Services will need a copy of your driver's license for the background check. Please attach a copy or bring your license with you to the CASA office to allow us to make a copy. Thank you.

Signature of Applicant:

Date:

Approved by CASA Volunteer Coordinator:

Date:

Approved by CASA Executive Director:

Date:

PLEASE RETURN YOUR COMPLETED APPLICATION PACKET TO:

CASA by the Lakes
2371 US Hwy 641 N
PO Box 383
Murray, KY 42071
casaprmurray@gmail.com

For additional information please call:
270-761-0164

Please note that all applications or supporting documents
must be mailed to our PO Box and not our street address.