

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
- KCN General Authorization Form
- Background Check Authorization Form

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

_____ Kentucky CASA Network General Authorization Form

_____ Background Authorization Forms (3 forms total)

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	County	Zip Code
------	-------	--------	----------

Home Phone	Work Phone	Fax
------------	------------	-----

Cell Phone	Email address*
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Preferred Gender	Race	Ethnicity	Yes _____ No _____ Are you hispanic?
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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

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: _____

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:

Please list three (3) character references that have known you at least a year and are not related to you by
blood or marriage. **Three references are required for all CASA volunteers.**

1.

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

2.

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

3.

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship: _____

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

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? _____

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

Service Area

Volunteers may choose to serve in either Calloway, Marshall or Christian Counties, or they may serve in all three. Please check each county you are willing to serve in.

_____ Calloway County

_____ Marshall County

_____ Christian County

_____ I will serve in any of the three counties.

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.



First Advantage National Criminal File Plus & AOC Statewide Plus 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:

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 by the Lakes
ADDRESS: P.O. Box 383 CITY: Murray
STATE: KY ZIP: 42071 PHONE: 270-761-0164
E-MAIL ADDRESS: casafundmurray@gmail.com

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 _____



General Authorization Form

This form authorizes Kentucky CASA Network, Inc. to obtain background information and must be completed by the applicant. CASA By the Lakes will keep the completed form on file for use in processing a periodic background check for any applicant actively volunteering with or employed by CASA By the Lakes at its discretion. I will notify CASA By the Lakes of any changes to my personal information as they occur throughout my employment and/or volunteer work with the organization and I understand that I may be required to submit a new authorization form when that occurs.

Applicant Information

Full name: _____ Date: _____

Maiden Name/Aliases: _____

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City County/State Zip Code

SSN: _____ DOB: _____

Driver's License Number: _____

Previous Addresses

List all home addresses for the past seven (7) years if different from your current address, beginning with the most recent. Background checks must cover all states and countries in which one has resided for the previous seven years. Use a separate piece of paper if necessary.

Address: _____
Street address Apt/Unit #

_____ *City County/State Zip Code*

Address: _____
Street address Apt/Unit #

_____ *City County/State Zip Code*

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

Previous Work and School Locations

List any states outside of Kentucky where you have worked or attended school in the last five (5) years, including dates, beginning with the most recent. Background checks must cover all in which one has worked or attended school during the previous five years. Use a separate piece of paper if necessary.

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

Address:

<i>Street address</i>		<i>Apt./Unit #</i>
<i>City</i>	<i>County/State</i>	<i>Zip Code</i>

I, _____, hereby authorize CASA By the Lakes to investigate my background by processing the following records checks: national criminal records, state and local criminal records, the national and Kentucky State Police sex offender registries, the child abuse registry/child protective services registry, out-of-country records checks where available (if applicable), a social security number verification check, and a check of the Adult

Caregiver Misconduct Registry maintained by the Cabinet for Health and Family Services via self-query in accordance with KRS 209.032. I understand that searches may include self-queries of public databases on my behalf, where allowed by law. I understand that CASA By the Lakes or KCN through CASA By the Lakes will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside agencies of the organization's choice.

I understand that this information may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteer service or employment with CASA By the Lakes. I further understand that this form will be valid at any time after receipt of this authorization to permit CASA By the Lakes or KCN through CASA By the Lakes to conduct regular background checks throughout my volunteer service or employment. I understand that I may withhold my permission to submit to a background screening and that in such a case, no screening will be done, and I will no longer be considered a candidate for employment/volunteering with CASA By the Lakes. In the event that I am asked to submit to additional background screenings after my initial onboarding and I decline, I understand I may be terminated and/or relieved of my position with CASA By the Lakes.

I release the Kentucky CASA Network, CASA By the Lakes, and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to CASA By the Lakes, if such is made within a reasonable time from the date it was produced.

Signature: _____ Date: _____