



Kansas CASA Volunteer Application

Applicant Information

Name				
Street Address				
Mailing Address				
City		State	Zip Code	
County				
Home Phone				
Cell Phone				
Business Phone				
May you be called at work?				
E-Mail Address				
Social Security Number				
Date of Birth				
Gender				
Race		Ethnicity		
Do you have access to a vehicle?		License Tag #		
Insurance Policy #		Vehicle Insurance Company		
Are you a citizen of the United States?		An Alien Resident?		

Work/Volunteer History

Present Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

Previous Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

Previous Employer/Volunteer Supervisor	
Address	
Phone	
Job Description	
Dates of Employment	

Education/Training

Highest level of education completed?	
Other educational/training programs completed?	

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

Art/Graphics		Health Care		Criminology	
Child Care		Law Enforcement		Drug/Alcohol Abuse	
Child Development		Mental Health		Education	
Counseling		News/Media		Writing	
Psychology		Public Speaking		Social Work	
Juvenile Court		Foreign Languages		Working with Children	

If yes to any of the above, please describe:

Legal History

Note: It is important that you be thorough and honest in giving of these answers. Answers which are found to be untrue may disqualify you as a potential volunteer.

Have you ever been arrested and/or charged of a crime?	Yes or No
Have you ever been convicted of a crime?	Yes or No
Have you ever been placed on a diversion?	Yes or No
Have you ever had a conviction, adult or juvenile, expunged from your record?	Yes or No
Have you ever been involved in a juvenile case as an adult or a child?	Yes or No
Have you ever been the subject of a child abuse/neglect investigation?	Yes or No
Do you have any experience with child abuse/neglect?	Yes or No

If you answered YES to any questions, please explain:

Emergency Contact

Name					
Street Address					
City		State		Zip Code	
Home Phone					
Work Phone					
E-Mail Address					

Personal References

Please print names, addresses, and phone numbers of people who have known you for at least two (2) years, who know you well, can address how you relate to children and others, and how well you could fulfill the responsibilities of a CASA. The CASA program staff will contact the references you list. PLEASE DO NOT INCLUDE RELATIVES.

Name					
Relationship					
Length of Acquaintance					
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

Name					
Relationship					
Length of Acquaintance					
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

Name					
Relationship					
Length of Acquaintance					
Daytime Phone					
Address					
City		State		Zip Code	
E-Mail Address					

Notice of Screening Procedures

In order to protect children and provide the court with qualified volunteers, a fingerprint-based national criminal history record investigation will be conducted on every applicant, as well as screening through the Department of Social and Rehabilitation Services (SRS) Child Abuse and Neglect Central Registry.

The Office of Judicial Administration will submit the applicant's fingerprints to Kansas Bureau of Investigation (KBI) for a Criminal History Record Inquiry. The KBI will provide a report on the applicant's criminal record investigation to the Office of Judicial Administration. Applicants found to have been convicted of, or charges pending for, a felony or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility will not be approved for service. Applicants who do not provide fingerprints for criminal history background checks will not be approved to serve as a CASA.

The applicant's local CASA program will make inquiries to the Department of Social and Rehabilitation Services (SRS) Child Abuse and Neglect Central Registry and registries of other states where the applicant has lived in the past five years. If it is found that SRS or a similar agency in another state lists the applicant as the perpetrator of an act of child abuse or neglect the CASA program will generally disallow certification.

All information will be held in strict confidence. Criteria used in the selection of a volunteer will be such as to ensure that the individual is able to meet the responsibilities of a CASA. **NO INDIVIDUAL WILL BE REJECTED BECAUSE OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, GENDER, AGE, DISABILITY OR MARITAL STATUS.**

I have read and agree to the above and certify that the information contained in the CASA Volunteer Application is correct and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____

CASA Questionnaire

VOLUNTEER NAME: _____

DATE: _____

Please answer the following questions to the best of your ability. Base your answers on your personal beliefs and attitudes/feelings. Your honesty will help us determine how you can best serve a child in our program. Use the back of the page if necessary.

1. Why do you want to serve as a CASA volunteer?
2. What would you like to get from your volunteer experiences with the Sunflower CASA program?
3. What, in your opinion, is child abuse? Give your definition.
4. Why do you think that child abuse/neglect occurs?
5. Have you had previous experiences with the child welfare system (SRS) or juvenile justice system? If yes, please explain your contact.
6. Do you have any personal experience with child abuse and neglect? If so, please explain.
7. What experiences, presently and in the past, have you had working with children?
8. What age of child do you feel most comfortable working with?
9. What do you feel is appropriate discipline for a child, keeping each age in mind? Explain.

10. Would you be willing to go into someone's home to interview them or assess the home environment/condition? Is there any place you would prefer not to go?

11. We deal with many different types of lifestyles and beliefs. Would any particular lifestyles and/or belief be difficult for you to deal with?

12. What skills, strengths, experiences, and/or personal characteristics do you feel you possess that will enable you to be an effective CASA?

13. What if any, personal experience do you have with divorce and custody issues?

14. Do you at this time, foresee anything in the future that might affect your commitment to this CASA program?

15. CASA has other volunteer opportunities at times besides serving on a case (helping with fundraising, training new volunteers, speaking to groups). Would you like to serve any other areas? If so, please list.

Please write a one page autobiography.

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 th Fl. South Topeka, Kansas 66612	Child Abuse and Neglect Central Registry Release of Information
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I, _____, give permission for the release of any information concerning
(please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Jennifer Anguiano, LBSW
Agency Name: Sunflower CASA Project, Inc.
Mailing address: PO Box 158
Manhattan, KS 66505
Phone Number 785-537-6367

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

****Please complete the information below by printing in ink. Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient. ****

First, Middle, and Last Name: _____
Maiden Name: (Female applicant only) _____
Married Names, Nicknames, or Other Names Used:
(Use N/A if no other names used.) _____
Date of Birth: _____ Race: _____
Social Security #: _____ Gender: Male Female
Signature: _____ Date: _____
Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. of Education – Central office, KDHE, State Hospitals, State Correctional Institutions, Attorney General’s Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to:
<http://www.ksmentors.ks.gov/recordscheck.htm>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: X If yes, please check

For Central Registry Use Only

 FEE ATTACHED

