

Thank you for your interest in CASA!

A program of the
Family Services Department,
Second Judicial District Court.

Please read the STEPS and REQUIREMENTS thoroughly before completing your APPLICATION

- Submit a COMPLETED application packet.
- Documents to attach to application packet:
 - 7. Copy of Driver's License
 - 2. Copy of Driver's Insurance Card
 - 3. DMV Record for the past 3 years (see attached instructions)
 - 4. Autobiography
- Participate in a personal interview.
- Authorize CASA to conduct reference, criminal records and child abuse registry checks.
- Attend Pre-service training.
- Take the CASA Oath of Office.
- Work as a team member with your CASA Case Manager.
- Participate in on-going CASA trainings.
- Communicate regularly with key figures in your CASA child's life.
- Maintain confidentiality.
- Enjoy your CASA work!

Mail or email Application to:

FAMILY SERVICES PROGRAM 75 Court Street, Ste. 214A Reno, NV 89501

775-328-3298

Email: washoecourtsfamilyservices@washoecourts.us



Court Appointed Special Advocate

Volunteer Application

Personal Inf	formation				
Last name	First ı	name		Middle	
Home address				Apt. #	
City	State	State		ZIP	
Home phone #	Cell p	hone #		FAX#	
Email	Date	Date of Birth		Gender □Female □ Mal	
How long have you been a	resident of Washo	e County?			
Employment Employment	<i>t Status</i> □Ful	I time □Part time	□Student	□Not employed □Retired	
Place of Employment					
Address			Work P	hone #	
	on E-mail address				
Position	E-m	nail address			
Position How long have you been e					
	employed at your p	resent job?			
How long have you been e Other than the above emp	employed at your p loyer, where else h	resent job? nave you worked	in the past	five (5) years?	
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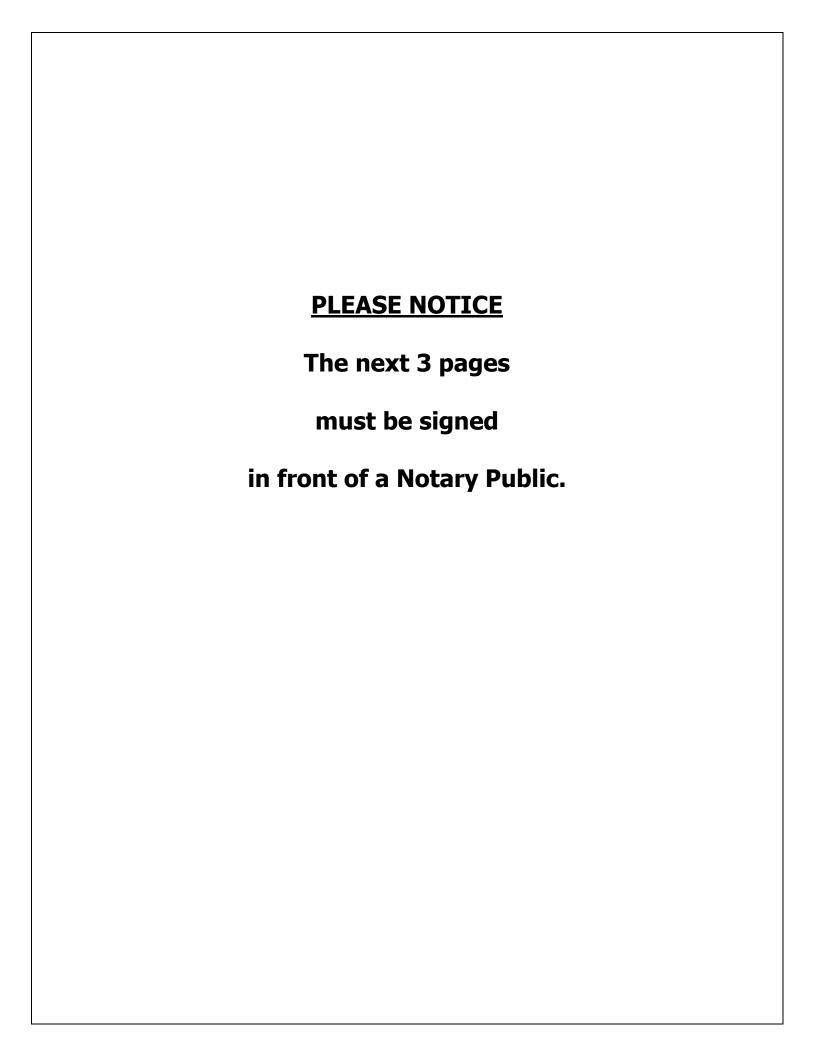
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******** Counseling Inform	nation
ist any Counseling or Psychiatri	c Treatment you have received
DATES NATURE (OF ILLNESS/REASON FOR TREATMENT
Criminal/Civil/Hist	tory
misdemeanor involving a sex pose risks to children or neg must also be free of any don	felony conviction or pending charges for felony or x offense, child abuse or neglect, or other acts that would atively impact the CASA program's credibility. Applicants nestic violence and other civil or criminal offenses; and MUS volvement, i.e., Divorce, Custody, Delinquency, TPO, etc.
Have you had personal expe	rience involving child welfare, foster care, adoption, or
juvenile services? □Yes □N	No
If yes, please explain:	
Have you ever been involved	l in an investigation by Washoe County Dept. of Social
Services or any other child w	velfare agency? Yes No
If yes, please explain:	

Driving History	
time away from the CASA child's place	requirement to be a CASA. However, many CASAs have found that brief outings of ment may foster a greater bond. An appropriate driving record and liability '\$300,000 is necessary to drive your CASA child. Please provide the following CASA child(ren).
Driver's License Number	State Expiration Date
Insurance Carrier	Insurance Policy Number
Insurance Expiration Date	Insurance Coverage Amount//
nstructions to obtain DMV Driving Rec	cord from DMV Website:
1. Go to http://dmvnv.com/ 2. Under "About Us", shaces "On	dina Candeas"
 Under "About Us", choose "On Scroll down to the section title 	d "Driver License & ID Cards" and choose the link "Driver History Printout".

6. Print out your 3-Year DMV Driving Record and attach to this application.

County		ovide the city, county, an	d state of your residence a	and the dates:
Referred by: CASA Volunteer	City	County	State	From - To
eferred by: CASA Volunteer				
referred by: CASA Volunteer				
Referred by: CASA Volunteer				
Write a short summary about your interest in volunteering and how you hope to benefit from the colunteer experience with the CASA Program. Did any of your volunteer positions involve working with children? Were you ever discharged or asked to leave your volunteer position? Were you ever discharged or asked to leave your volunteer position? Were explain: Please attach a ONE-Page Autobiography. Phereby submit application to be considered as a CASA volunteer and attest that all the information erein is true and correct.	iiii Ho	W DID YOU HEAR AB	OUT THE CASA PROC	GRAM?
Were you ever discharged or asked to leave your volunteer position? Yes No f yes, explain: Please attach a ONE-Page Autobiography. Please attach a pplication to be considered as a CASA volunteer and attest that all the information erein is true and correct.	Referred by:	CASA Volunteer □Interne	et □Newspaper □Radio/1	V □National media
Were you ever discharged or asked to leave your volunteer position? Yes No f yes, explain: Please attach a ONE-Page Autobiography. Please attach a pplication to be considered as a CASA volunteer and attest that all the information erein is true and correct.]Nevada CASA □	INational CASA □Volunteer r	eferral agency Other:	
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Authorization for Release of Confidential Information _____, hereby certify all statements made on this application are true and correct to the best of my knowledge. I understand by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and any information that may be obtained by Washoe County CASA through inquiry of others, will be used only for the purpose of determining suitability as a Second Judicial District Court CASA program volunteer. I further understand all information received as a result of the CASA office inquiries will be held in strict confidence, and any information received by the program in this regard shall not be released to the applicant. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall automatically expire upon my termination of involvement in the Washoe County CASA Program. PURSUANT TO NEVADA LAW, DISCLOSURE OF CONFIDENTIAL INFORMATION IN A MANNER NOT AUTHORIZED BY NRS 432B.280 or NRS 432B.290 IS A CRIMINAL OFFENSE PUNISHABLE BY A FINE UP TO \$1,000 AND UP TO SIX MONTHS IN COUNTY JAIL. RELEASE OF CONFIDENTIAL INFORMATION PERTAINING TO DRUG AND ALCOHOL ABUSE IS ALSO PROHIBITED UNDER FEDERAL LAW AND IS A FEDERAL CRIMINAL OFFENSE, PUNISHABLE BY FEDERAL LAW. SEE CFR 42 PART 2. **Signature** Date State of Nevada County of Washoe County personally appeared before me, (Day) (Month) (Year) (Name) whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument. **NOTARY PUBLIC**

Confidentiality Code

PURSUANT TO NEVADA LAW, DISCLOSURE OF CONFIDENTIAL INFORMATION IN A MANNER NOT AUTHORIZED BY NRS 432B.280 or NRS 432B.290 IS A CRIMINAL OFFENSE PUNISHABLE BY A FINE UP TO \$1,000 AND UP TO SIX MONTHS IN COUNTY JAIL. RELEASE OF CONFIDENTIAL INFORMATION PERTAINING TO DRUG AND ALCOHOL ABUSE IS ALSO PROHIBITED UNDER FEDERAL LAW AND IS A FEDERAL CRIMINAL OFFENSE, PUNISHABLE BY FEDERAL LAW. SEE CFR 42 PART 2.

We cannot emphasize strongly enough your responsibility to maintain strict confidentiality in your role as a volunteer. Any information to records pertaining to your case and the people involved in the case, is strictly confidential. It may be discussed with Court personnel or others involved in an official capacity that are authorized to receive such information. The families that come before the Court have a legal right to their privacy. Violation of confidentiality can result in legal ramifications for the violator, increased pressures on families and possibly increased risk to already vulnerable children.

The other agencies and persons with whom you may be in contact – police, schools, welfare, mental

health, physicians, etc., - are also bound by strict confidentiality laws. The only reason that they can share their information candidly with you is that they have been given assurances that you will respect the confidentiality and privacy of these families the same as they do. ______, hereby certify that I recognize that disclosure of client information is a **CRIMINAL OFFENSE** and hereby agree that anything I read, hear or see in or resulting from a family court proceeding will remain confidential. I, swear, depose and say that I am making the above statement herein; that I have read the statement affirmations set forth in the above and foregoing statement and know the contents thereof and the same is true to my knowledge. **Signature Date** State of Nevada County of Washoe County (Day) of (Month), (Year) _ personally appeared before me, (Name) whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument. **NOTARY PUBLIC**

COMPLETE ONE OF THE FOLLOWING - DATE, SIGN AND NOTARIZE THE

DECLARATION THAT REPRESENTS YOUR STATUS:

Declaration of Required Minimum Insurance Coverage

<i>I</i> ,	_, hereby affirm and represent that I have automotive collision
	in the amount of a ill maintain this level of automobile insurance coverage Washoe County CASA Program.
Signature	Date
State of Nevada County of Washoe County	
On this of,,,,, whose identity was proved to me on the basis name is subscribed to this instrument.	(Name) s of satisfactory evidence to be the person whose
NOTARY PUBLIC	
Declaration of Not Meet	ing the Required Insurance Coverage
maintain the minimum coverage of \$10	_, hereby affirm and represent that since I do not or cannot 00,000 / \$300,000 liability insurance required by the Washoe ive CASA children in my vehicle at any time or under any
Signature	Date
State of Nevada County of Washoe County	
	personally appeared before me, (Name) s of satisfactory evidence to be the person whose
NOTARY PUBLIC	



AUTHORIZATION TO RELEASE INFORMATION

On reverse side

Please complete and sign

Distributed to: Washoe County Sheriff's Department, Washoe County Social
Services, Division of Child and Family Services, Department of Motor Vehicles, Sex
Offender's Registry, Central Repository, Reno Police Department, Sparks Police
Department, and the Federal Bureau of Investigation.



Authorization to Release Information

I hereby authorize the Washoe County CASA Program to conduct an investigation of my background and to gather any and all information which may reflect on my suitability as a volunteer CASA. I agree to hold the CASA Program harmless from any and all liability resulting from such investigation. I understand that all information received by CASA as a result of their investigation of me will be held in strict confidence and shall not be released by CASA to me.

Last name		Fir	_ First name		Middle	
Aka's (Maiden Name	Nickname, Previo	ous Marriages, Other chan	ges)			
Home address	S				_ Apt. #	
City			te		ZIP	
Place of Birth		D	Date of Birth		SS#	
Race (This information is f			Weight	Hair Color	Eye Color	
	ŧ	State	Exp. Date	_		
Access to car?	Yes □ No	Liability Insura	nce Co. /Amount	of Coverage _		
Signature			 Date			

Any applicant 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 is not eligible to be a CASA Volunteer. Any applicant that is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of the CASA Program, the CASA Program will consider the extent of the rehabilitation since the misdemeanor or felony was committed as well as other factors that may influence the decision to accept the applicant.

The Washoe County CASA Program is an equal opportunity employer. CASA does not discriminate on the basis of race, color, creed, religious preference, gender, disability, sexual preference, or veteran status; unfortunately, not every applicant is accepted for our volunteer positions. CASA reserves the right to deny a volunteer position to any applicant without explanation. If a volunteer applicant refuses to sign a release of information form or submit to fingerprinting for any of the checks required the CASA program will reject their application.