



# Volunteer Application

1. Print and complete the online application
2. Print your DMV driving record from [www.dmvnv.com](http://www.dmvnv.com) to include with your application\*
3. Call CASA Office to schedule a time to attend an Informational session.
4. Once the application is completed in its entirety, it must be hand delivered to the CASA Office before proceeding to the next step of the screening process.
5. Completion of a volunteer application does not imply automatic acceptance into the CASA Program, or infer employment within Clark County.

\* There will be a charge by the state for this document this is not reimbursed by CASA





**FAMILY COURT AND SERVICES**  
Security/Public Safety Division  
**BACKGROUND CHECK REQUEST**

<b>APPLICANT INFORMATION:</b>						<input type="checkbox"/>	<b>EMPLOYEE</b>	<input checked="" type="checkbox"/>	<b>VENDOR</b>
LAST NAME:			FIRST NAME:			MIDDLE NAME:			
EMPLOYER:									
DATE OF BIRTH:					SOCIAL SECURITY NUMBER:				
COUNTRY OF BIRTH:			STATE/PROVINCE OR COUNTY OF BIRTH:			CITY OF BIRTH:			
<b>LIST ANY OTHER NAMES USED:</b>									
LAST NAME:			FIRST NAME:			MIDDLE NAME:			
LAST NAME:			FIRST NAME:			MIDDLE NAME:			
LAST NAME:			FIRST NAME:			MIDDLE NAME:			
<b>LIST ANY OTHER DATE OF BIRTH USED:</b>					<b>LIST ANY OTHER SOCIAL SECURITY NUMBER USED:</b>				
DATE OF BIRTH:					SOCIAL SECURITY NUMBER:				
<b>PHYSICAL CHARACTERISTICS:</b>									
GENDER: (circle one) MALE / FEMALE		HEIGHT:	WEIGHT:	NATURAL HAIR COLOR:		NATURAL EYE COLOR:		GLASSES: (circle one) YES / NO	
	American Indian or Alaskan Native (a person having origins in any of the original peoples of the Americas and who maintains cultural identification through tribal affiliations or community recognition)								
	Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands)								
	Black (a person having origins in any of the black racial groups of Africa)								
	Hispanic (a person having origins in Latin America; Cuba, Mexico or Puerto Rico)								
	White (a person having origins in any of the original peoples of Europe, North Africa or Middle East)								
<b>MOST RECENT DRIVER LICENSE OR STATE IDENTIFICATION CARD YOU HAVE OBTAINED:</b>									
NUMBER:			STATE OF ISSUE:			DATE OF ISSUE:		EXPIRATION DATE:	
TYPE ISSUED (check one) :		DRIVER LICENSE			IDENTIFICATION CARD				
Has your driver's license ever been revoked or suspended? (circle one)						YES		NO	
<b>LIST OTHER STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE OR STATE IDENTIFICATION CARD:</b>									
NUMBER:			STATE OF ISSUE:			DATE OF ISSUE:		EXPIRATION DATE:	
NUMBER:			STATE OF ISSUE:			DATE OF ISSUE:		EXPIRATION DATE:	

**FAMILYCOURT AND SERVICE**  
 Security/Public Safety Division  
**BACKGROUND CHECK REQUEST**

Have you ever been arrested?     YES     NO    \_\_\_\_\_ Number of Arrests

Charge Type (check all that apply):     Felony     Gross Misdemeanor     Misdemeanor

If Yes, what was the most recent charge? Charge #1 \_\_\_\_\_ Charge #2 \_\_\_\_\_

City and State where you were arrested: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Have you ever been convicted of any charge?    YES \_\_\_\_\_ NO \_\_\_\_\_

In what other states have you been arrested? \_\_\_\_\_

Have you ever been issued a summons or citation *other than* for traffic violations?     YES     NO

If Yes, what was the most recent summons or citation for? Charge #1 \_\_\_\_\_ Charge #2 \_\_\_\_\_

City and State where you were given the summons or citation: \_\_\_\_\_

Have you ever been convicted of any charge?    YES \_\_\_\_\_ NO \_\_\_\_\_

How many other times have you been issued a summons or citation, *other than* for traffic violations? \_\_\_\_\_

In which states? \_\_\_\_\_

Clark County is committed to providing a safe and secure environment for its employees and clients. Additionally, federal, state and local statutes govern the mandatory qualifications for employment in certain career fields.

This information is being collected in order to complete a comprehensive background check. All information is subject to verification by inquiry of sources such as, but not limited to: motor vehicle departments, driver licensing, court records, criminal history files, fingerprint records, credit files and former employers.

By signing this form, you are granting permission to Clark County to obtain information from the above named sources. Please be advised that certain facilities/departments/divisions of Clark County require a clear background with no arrests or convictions prior to employment or during the course of your employment by Clark County. These divisions or units include, but are not limited to: Department of Aviation, District Attorney, Public Defender or any other criminal justice division or unit of the County.

If you are disqualified for employment based on the result of a criminal history, you have the right to challenge the validity or accuracy of the criminal history record or source. You may inquire as to the procedure, if applicable.

*I hereby authorize Clark County to inquire into any and all required sources of information regarding my background. I understand that satisfactory completion of these inquiries is a condition of employment and that my continued employment, certain assignments, job positions or categories, whether temporary or permanent in nature, require my maintaining a record of no unacceptable or disqualifying arrests or convictions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Please provide the following information, so we may contact you if there are questions, etc.:

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**STATE OF NEVADA  
Division of Child and Family Services**

**EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY  
INFORMATION**

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432B.290 (attached). In order to confirm your right to the information, you must provide a complete name - include any other names used – such as maiden name, date of birth and Social Security Number (SSN) to assist with the data search. A photo-identification document must be provided to ensure that the individual has entitled said party to the information contained in the Central Registry.

All requests must be mailed to:  
Nevada Division of Child and Family Services, Central Registry  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Or faxed to: 775-684-4455 or 775-684-4456

**PART I. IDENTIFYING DATA**    **CASA APPLICANT’S PLEASE FILL OUT ONLY THE SHADED FIELDS**

List all adults (18 and over) For Whom Information Is Being Requested						
<b>1. Applicant Name:</b>						
<b>Maiden Name:</b>				<b>Date of Birth:</b>		
<b>Alias/other name(s) used:</b>				<b>Driver’s License Number:</b>		
<b>Gender/Sex:</b>	<b>Female:</b>		<b>Male:</b>		<b>Social Security Number:</b>	
2. Applicant Name:						
Maiden Name:				Date of Birth:		
Alias/other name(s) used:				Driver’s License Number:		
Gender/Sex:	Female:		Male:		Social Security Number:	

List name (s) of children in family or home - include any other name(s) used:					
<b>Last Name:</b>	<b>First:</b>	<b>Middle</b>	<b>DOB:</b>	<b>Sex</b>	<b>SSN:</b>
1.)					
2.)					
3.)					
4.)					

**PART II. APPLICANT REQUESTING INFORMATION**

Employer/ Agency Requesting Information:

I am an employer and request information in accordance with subsection 3 of NRS 432.1000

Print Name and Title of Person Requesting Data \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Eighth Judicial District Court –Family Division CASA Program**

Employer/ Agency Name **601 N. Pecos Rd. Bldg D Las Vegas, NV 89101**

Business Address

**702-455-4306**

**(702) 455-5297**

Telephone Number

E-mail

Fax Number

**PART III. APPLICANT REASON FOR REQUEST:**

1. Release to self: I am an adult (18 years or older) and am requesting a Central Registry check on myself.

To determine if I have been found responsible for substantiated child abuse.

2. Release to an agency/individual related to:

Child care related employment

Elder care related employment

**CASA**

Schools/public and private

Other (please list below)

Explanation: \_\_\_\_\_

**PART IV. AUTHORIZATION TO RELEASE INFORMATION**

A. Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

1. Name: **THE EIGHTH JUDICIAL DISTRICT COURT, FAMILY DIVISION CASA PROGRAM** (self, agency, employer or individual listed in Part II), about a finding of a substantiated report of abuse or neglect in the Central Registry.

**CLIENT**

**SIGNATURE 1:** \_\_\_\_\_ Date: \_\_\_\_\_

\*A signed authorization to release information from the Central Registry is required for all Adults (over age 18) listed in Part I.

\* Required: Please attach a copy of photo identification of applicant – an ID card, driver’s license or other form of identification.

<b>For Central Office Use Only</b>	
<input type="checkbox"/> No record Found	
<input type="checkbox"/> Record Found (Please see attached)	

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name/Title (Print): \_\_\_\_\_

**CIVIL HISTORY**

Have you had, or do you currently have, any involvement with Family, Domestic Relations or Juvenile Court?  
If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or anyone in your household ever been investigated for child abuse/neglect?  Yes  No  
If yes, please explain and include date and state:

\_\_\_\_\_

Have you ever been denied licensure for Foster Parenting or Child Care ?  Yes  No  
If yes, explain and include the date and state:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING HISTORY**

Traffic Citations: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date: \_\_\_\_\_ State: \_\_\_\_\_

Traffic Citations: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date: \_\_\_\_\_ State: \_\_\_\_\_

Traffic Citations: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date: \_\_\_\_\_ State: \_\_\_\_\_

**IDENTIFICATION AND AUTOMOBILE INFORMATION**

Do you possess a valid Nevada driver's license?  Yes  No

State Identification Card?  Yes  No

If you do not drive do you have transportation?  Yes  No

If you do not have a Nevada Drivers License what state is your licensed issued from? \_\_\_\_\_ Why do you not carry a Nevada License? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Personal liability/property damage coverage amounts \_\_\_\_\_

**PLEASE COMPLETE THE ATTACHED DECLARATION OF INSURANCE COVERAGE. PLEASE BRING YOUR DRIVER'S LICENSE AND PROOF OF INSURANCE TO BE PHOTOCOPIED AT TIME OF INTERVIEW.**



**REFERENCE INFORMATION**

*Please list three personal or professional references. At least one reference must be local. Include the complete mailing address with the zip code, as well as the complete email address. Advise your references that they will be receiving an email from the CASA Program. **Do not include relatives.***

1. Name:		Email:	
Address:			
City:	State:	Zip:	
Phone:	Relationship:		
2. Name:		Email:	
Address:			
City:	State:	Zip:	
Phone:	Relationship:		
3. Name:		Email:	
Address:			
City:	State:	Zip:	
Phone:	Relationship:		

**STATEMENT REGARDING APPLICANT'S ACCESS TO REFERENCES**

I \_\_\_\_\_ (*applicant's name,*) hereby waive my right to review my letters of reference now or at any time in the future. I understand that, once signed, this agreement is irrevocable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER VOLUNTEER EXPERIENCES**

<i>PROGRAM NAME</i>	<i>RESPONSIBILITIES</i>	<i>STATE</i>	<i>DATES</i>

**HOBBIES / INTERESTS / SKILLS**

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**Questionnaire**

1. Why did you decide to volunteer at this time?

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2. What did you enjoy most and least about your last volunteer experience?

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3. Would you rather work on your own, with a group, or with a partner? Why?

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4. Have you ever had a negative experience with a member of a particular ethnic group? Explain :

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5. Do you have any opinions about the way the courts handle abuse/neglect cases? If so, what are they?

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## STATEMENT OF REQUIRED TRAINING

If accepted into the Court Appointed Special Advocate (CASA) program, I agree to attend the CASA volunteer initial training as required and, annually, a minimum of 12 in-service hours offered by the CASA Program or other credible agency as approved by the CASA Program. **I further understand that I cannot assume the duties of a CASA volunteer or represent myself as a CASA volunteer until I have successfully completed the initial training and have been administered the oath of office.**

\_\_\_\_\_ (initials)

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I hereby submit my application to be considered as a CASA volunteer and attest that all the information herein is true, correct and complete. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. **I acknowledge that if I am selected to perform volunteer activities, I can be immediately discharged for my misrepresentations or omissions on this application.** I further understand that information on this application may be shared with other organizations if any indication of risk to children is present. I assume all risk and injury to myself while rendering my volunteer service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, 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 the CASA Volunteer office through inquiry of others will be used only for the purpose of determining suitability as a Family Court CASA Program volunteer.

I further understand all information received as a result of the CASA Volunteer 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 Family Court CASA Volunteer Program.

**PURSUANT TO FEDERAL CODES, DISCLOSURE OF CLIENT INFORMATION IN A MANNER NOT AUTHORIZED BY 42 CFT PART 2 IS A FEDERAL CRIMINAL OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN \$500.00 IN THE CASE OF A FIRST OFFENSE AND NOT MORE THAN \$5,000 IN THE CASE OF EACH SUBSEQUENT OFFENSE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* \* \* \* \*

State of Nevada  
County of Clark

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.  
(date) (name of person)

\_\_\_\_\_  
NOTARY PUBLIC

# CONFIDENTIALITY CODE

**PURSUANT TO FEDERAL CODES, DISCLOSURE OF CLIENT INFORMATION IN A MANNER NOT AUTHORIZED BY 42 CFR PART 2 IS A FEDERAL CRIMINAL OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN \$500. IN THE CASE OF A FIRST OFFENSE AND NOT MORE THAN \$5,000. IN THE CASE OF EACH SUBSEQUENT OFFENSE.**

We cannot emphasize strongly enough your responsibility to maintain strict confidentiality in your role as a volunteer. Any information pertaining to individual families or children that you receive, either verbally or from written records, is strictly confidential. It may be discussed with Court personnel or others involved in an official capacity who 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 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.

## CODE OF CONFIDENTIALITY

**I, AS A VOLUNTEER WITH CASA, HEREBY CERTIFY THAT I RECOGNIZE THAT DISCLOSURE OF CLIENT INFORMATION IS A FEDERAL CRIMINAL OFFENSE AND HEREBY AGREE THAT ANYTHING I HEAR OR SEE AT FAMILY COURT OR IN RELATIONS TO MY INVOLVEMENT WITH A FOSTER CHILD(REN) WILL REMAIN CONFIDENTIAL.**

I attest that I have read the above Code of Confidentiality and hereby agree to adhere to the contents thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature \_\_\_\_\_

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# DECLARATION OF INSURANCE COVERAGE

I, \_\_\_\_\_, hereby affirm and represent that I have automobile collision and liability insurance coverage with \_\_\_\_\_ in amounts required by Nevada Revised Statutes. I have notified my insurance company that I am using my automobile in the scope of my volunteer duties with Clark County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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