



CASA Volunteer

Supplemental Information and Background Forms

The online application is not complete until you have completed the supplemental information and background forms, and return them to the CASA Orientation or the CASA office.

- **CASA Program Questionnaire**
- **Clark County Courts & Regional Justice Center Background Check Request**
- **NV Department of Public Safety: Civil Applicant Waiver Form**
- **State of Nevada (DCFS) Employer Request for Child Abuse & Neglect Central Registry Information**

You must also provide a copy of your driver's license, social security card, 3-year DMV driving record (www.dmvnv.com)* and your Insurance Declaration Page, reflecting the required limits of \$100,000/\$300,000, if you intend to transport children in your role as a CASA volunteer.

Once you have completed these forms, you may bring them with you to the CASA Orientation. If you have already attended the Orientation, please call the CASA Office at (702)455-4306 to arrange return of the documents.

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

CLARK COUNTY COURTS & REGIONAL JUSTICE CENTER
Security/Public Safety Division
BACKGROUND CHECK REQUEST

APPLICANT INFORMATION:		EMPLOYEE		X		VENDOR/CASA	
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:		
LIST ANY OTHER NAMES USED:							
LAST NAME:		FIRST NAME:		MIDDLE NAME:			
LAST NAME:		FIRST NAME:		MIDDLE NAME:			
LAST NAME:		FIRST NAME:		MIDDLE NAME:			
LIST ANY OTHER DATE OF BIRTH USED:				LIST ANY OTHER SOCIAL SECURITY NUMBER USED:			
DATE OF BIRTH:				SOCIAL SECURITY NUMBER:			
PHYSICAL CHARACTERISTICS:							
GENDER: (circle one) MALE / FEMALE		HEIGHT:	WEIGHT:	NATURAL EYE COLOR:		NATURAL HAIR 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)						
MOST RECENT DRIVER LICENSE OR STATE IDENTIFICATION CARD YOU HAVE OBTAINED:							
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	
LIST OTHER STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE OR STATE IDENTIFICATION CARD:							
NUMBER:		STATE OF ISSUE:		DATE OF ISSUE:		EXPIRATION DATE:	
NUMBER:		STATE OF ISSUE:		DATE OF ISSUE:		EXPIRATION DATE:	

CLARK COUNTY COURTS & REGIONAL JUSTICE CENTER
 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: _____



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) **DISTRICT COURT-CASA PROGRAM** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency) **DISTRICT COURT-CASA PROGRAM**, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: **DISTRICT COURT-CASA PROGRAM** _____

Address: **601 N PECOS RD. LAS VEGAS, NV 89101** _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____

**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, 3rd 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

1. Applicant Name:						
Maiden Name:			Date of Birth:			
Alias/other name(s) used:			Driver's License Number:			
Gender/Sex:		Female:		Male:		Social Security Number:
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:

Last Name:	First:	Middle	DOB:	Sex	SSN:
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.

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

Date: _____ Signature: _____

Name/Title (Print): _____