



**CASA for York County**  
**Board Application Form**

|   |                            |                                    |
|---|----------------------------|------------------------------------|
| Date Sent:  | Thursday, October 05, 2006 |                                    |
| Date Completed:   |                            |                                    |
| Date Filed:   | For office use only.       |                                    |
| <b>PERSONAL INFORMATION</b>   |                            |                                    |
| (PLEASE TYPE OR PRINT)  |                            |                                    |
| First Name:   |                            |                                    |
| Middle Name:  |                            |                                    |
| Last Name:  |                            |                                    |
| Maiden (or Other Married) Names:  |                            |                                    |
| Suffix:   |                            |                                    |
| Nicknames (if any):   | Required for Screening     |                                    |
| Drivers License Number:   |                            |                                    |
| Social Security Number:   |                            |                                    |
| Birth date:   |                            |                                    |
| Birth Place:  |                            |                                    |
| <b>ADDRESSES</b>  |                            |                                    |
| (FOR THE PAST FIVE YEARS <sup>1</sup> -- PLEASE USE ADDITIONAL PAPER IF NECESSARY.) |                            |                                    |
| Email Address:  |                            |                                    |
| Work Phone:   |                            | May we contact you at work? YES NO |
| Phone Number:   |                            |                                    |
| Cellular Number:  |                            |                                    |
| Current Address:  |                            |                                    |
| City:   |                            |                                    |
| State:  | Nebraska                   |                                    |
| Zip Code:   |                            |                                    |
| County:   | York                       | Number of Years:                   |
|   |                            |                                    |
| Address:  |                            |                                    |
| City:   |                            |                                    |
| State:  |                            |                                    |
| Zip Code:   |                            |                                    |
| County:   |                            | Number of Years:                   |

<sup>1</sup> Pursuant to Nebraska Revised Statute § 43-3709 (3)

|           |                  |
|-----------|------------------|
| Address:  |                  |
| City:     |                  |
| State:    |                  |
| Zip Code: |                  |
| County:   | Number of Years: |

**OTHER VOLUNTEER SERVICES**

|                            |  |
|----------------------------|--|
| Organizations:             |  |
| Leadership Positions Held: |  |
| Type of Experience:        |  |

**REFERENCES**

(PLEASE PROVIDE ATLEAST 3<sup>2</sup>, TWO PROFESSIONAL, ONE PERSONAL – NO RELATIVES –  
USE ADDITIONAL PAPER IF NECESSARY)

|                        |  |
|------------------------|--|
| Name:                  |  |
| Position/Title:        |  |
| Email Address:         |  |
| Phone Number:          |  |
| Address:               |  |
| City:                  |  |
| State:                 |  |
| Zip Code:              |  |
| County:                |  |
| Number of Years Known: |  |
| Relationship:          |  |

|                        |  |
|------------------------|--|
| Name:                  |  |
| Position/Title:        |  |
| Email Address:         |  |
| Phone Number:          |  |
| Address:               |  |
| City:                  |  |
| State:                 |  |
| Zip Code:              |  |
| County:                |  |
| Number of Years Known: |  |
| Relationship:          |  |

|                 |  |
|-----------------|--|
| Name:           |  |
| Position/Title: |  |
| Email Address:  |  |
| Phone Number:   |  |

<sup>2</sup> Pursuant to Nebraska Revised Statute § 43-3709 (2) (d) – NCASAA Standard VIII.B.5.ii

|                        |  |
|------------------------|--|
| Address:               |  |
| City:                  |  |
| State:                 |  |
| Zip Code:              |  |
| County:                |  |
| Number of Years Known: |  |
| Relationship:          |  |

**EMERGENCY INFORMATION**

|                            |  |
|----------------------------|--|
| In Case of Emergency Call: |  |
| Emergency Phone:           |  |
| Relationship to You:       |  |

**EMPLOYMENT INFORMATION**

|                      |   |    |
|----------------------|---|----|
| Retired:             | YES   | NO |
| Current Employer:    | If retired, please list your last employer. |    |
| Address:             |   |    |
| City:                |   |    |
| State:               |   |    |
| Zip Code:            |   |    |
| Description of Work: |   |    |
| Title/Position:      |   |    |

**EDUCATION**

|  |     |    |                 |                |
|--|-----|----|-----------------|----------------|
| High School Graduate:  | YES | NO | GED Certificate | Date Completed |
| Last High School Attended:                                     |     |    |                 |                |
| Colleges or Universities Attended:                             |     |    |                 |                |
| Degree/Major:  |     |    |                 |                |
| Are you presently attending School?                            | YES | NO |                 |                |
| Will you be receiving academic credit for your volunteer work? | YES | NO |                 |                |
| Do you speak a foreign language?                               | YES | NO |                 |                |
| If yes, which languages(s)?                                    |     |    |                 |                |

**TRAINING/EXPERIENCE**

PLEASE PLACE A CHECK (✓) NEXT TO THE IDEALS IN WHICH YOU HAVE TRAINING OR EXPERIENCE.

|                          |                             |                          |             |                          |                  |
|--------------------------|-----------------------------|--------------------------|-------------|--------------------------|------------------|
| <input type="checkbox"/> | Child Welfare/Development   | <input type="checkbox"/> | Counseling  | <input type="checkbox"/> | Medicine         |
| <input type="checkbox"/> | Criminal Justice            | <input type="checkbox"/> | Social Work | <input type="checkbox"/> | Public Relations |
| <input type="checkbox"/> | Drug/Alcohol Abuse Programs | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |                  |
| <input type="checkbox"/> | Juvenile Delinquency        | <input type="checkbox"/> | Writing     | <input type="checkbox"/> |                  |

## AVAILABILITY

Are you willing to commit to the by-laws of CASA for York County?      YES      NO

## HISTORY

Have you ever been convicted of a felony?      YES      NO

If yes, please explain:

Have you ever been convicted of a misdemeanor offense, other than minor traffic offenses, within the past five (5) years?      YES      NO

Please explain:

Note: any applicant found to have been convicted, or having charges pending for a felony or misdemeanor involving a sexual offense, child abuse or neglect, or related acts that would pose risks to a child or the CASA for York County program credibility will not be accepted as a CASA volunteer. Persons who have been convicted of DWI or DUI (Driving While Intoxicated or Driving Under the Influence) within the last five (5) years shall not be permitted to serve as Court Appointed Special Advocates.

## OTHER INFORMATION

Where did you hear about CASA?

Please list **ALL** states in which you have previously lived:

Please list names and birthdates of all children:      (please circle the number of each child that lives with you).

|   | Names: | Date of Birth: | Gender:  |
|---|--------|----------------|----------|
| 1 |        |                | M      F |
| 2 |        |                | M      F |
| 3 |        |                | M      F |
| 4 |        |                | M      F |
| 5 |        |                | M      F |

Have you ever been involved in a juvenile court case as an adult or child?      YES      NO

If yes, please explain:

Have you ever been the subject of a child abuse investigation?      YES      NO

If yes, please explain:

Result:

**OTHER QUESTIONS**

Why do you want to become involved in CASA?

**BOARD ORIENTATION**

What is the best time of day for you to attend Board Orientation?

Week days: 9:00 am – 5:00 pm (Indicate day/s which work best)

Nights: 5:30 pm – 9:00 pm (Indicate night/s which work best)

## RELEASE OF INFORMATION<sup>3</sup>/DISCLOSURE

I understand that the CASA for York County Program will require that I complete at least one (1) personal interview as well as criminal records<sup>4</sup>, Child and Adult Abuse/Neglect Registry<sup>5</sup> and DMV<sup>6</sup> checks and that my application **does not** ensure acceptance into the CASA for York County Program.<sup>7</sup> I further understand that I will be asked to attend mandatory training as established by CASA for York County.

I agree with the By-Laws, SECTION 12. Responsibilities: All Board members shall commit to the goals and objectives of CASA for York County; diligently attend all Advisory Board meetings; contribute their time, talents, and money, to CASA for York County when called upon; actively promote CASA for York County within the community; abide by the standards of the National CASA Association, the Nebraska CASA Association, and the Nebraska Statutes, and assist in all fundraising efforts and activities on behalf of CASA.

I hereby affirm that all statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize any and all inquires to be made concerning my employment, character, and police records for the purpose of determining my suitability as a CASA Board Member. All information will be held in strictest confidence and secured in a locked file cabinet in the CASA office.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA Board Member.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of CASA for York County, and their desire to provide quality services to abused and neglected children, my services as a CASA Board Member will be terminated.

I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

I understand that CASA for York County requires all volunteers, governing body members and staff to immediately notify the Executive Director and/or Board President of any pending criminal charges. Further, the CASA for York County Program will reject any Board, Staff, or Volunteer applicants found to have been convicted of, or having charges pending for a felony involving a sex offense, child abuse or neglect related acts that would pose risks to children or CASA for York County's credibility.<sup>8</sup>

I understand that by accepting a CASA appointment I will adhere to the following Code of Ethics:

- Board Members agree to abide by National and Nebraska State CASA standards and all laws and regulations governing their activities.
- Board Members will uphold the credibility and dignity of the CASA concept by conducting business in an honest, fair, professional, and humane manner.
- Board Members will not use their authority inappropriately, nor condone any illegal act or unethical practices related to CASA for York County or community nor use CASA for their personal gain.
- Board Members will avoid any action that could adversely affect the confidence of the public in the integrity of CASA.
- Board Members will serve and respond to requests without bias because of race, religion, sex, age, national origin, or handicap.
- Board Members will respect the right of privacy of individuals and keep case information confidential.
- Board Members will respect a child's inherent right to grow up with dignity in a safe environment that meets the child's best interests.

**Signature:**

**Date:**

<sup>3</sup> In compliance with NCASAA Standard VIII.B.5.iii

<sup>4</sup> Pursuant to Nebraska Revised Statute § 43-3709 (2) (a)

<sup>5</sup> Pursuant to Nebraska Revised Statute § 43-3709 (2) (b)

<sup>6</sup> Pursuant to Nebraska Revised Statute § 43-3709 (2) (c)

<sup>7</sup> Any applicant refusing to submit to the required screening will be rejected – NCASAA Standard VIII.B.7

<sup>8</sup> In compliance with NCASAA Standard VIII.E.5.i