



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 office, by fax, email or in person, along with copy of your (valid) picture identification (preferably in color) and social security card.

•CASA Program Questionnaire

**•Eighth Judicial District Court & Regional Justice Center
Criminal History, Fingerprint and Background Check Request**

**•State of Nevada (DCFS) Employer Request for Child Abuse &
Neglect Central Registry Information**

Additional documents needed if you intend to transport children in your role as a CASA volunteer include: 3-year DMV driving record (www.dmv.nv.gov)* and your Insurance Declaration Page, reflecting the required limits of \$100,000/\$300,000.

If you have any questions regarding any of these required documents, please call the CASA Office at (702)455-2272.

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

CASA PROGRAM QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE CASA PROGRAM

PLEASE ANSWER THE FOLLOWING IN PARAGRAPH FORM

Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience with the CASA Program. Please include details of any related community activities or experiences you may have had, whether paid or volunteer, that would be helpful in working with the children.

EIGHTH JUDICIAL DISTRICT COURT & REGIONAL JUSTICE CENTER CRIMINAL HISTORY, FINGERPRINT & BACKGROUND CHECK REQUEST

APPLICANT TYPE: **Employee**____(Position____) **Extern/Intern**____(Department____)
CASA X **TDP**____ **Donna's House**____ **Vendor**____ **Other**____

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: MALE FEMALE		HEIGHT:	WEIGHT:	NATURAL HAIR COLOR:	NATURAL EYE COLOR:
					GLASSES: YES NO
NOTE: Per Federal Criminal History inquiry requirements, please select the most appropriate race code listed below:					
	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? (select 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:					

**EIGHTH JUDICIAL DISTRICT COURT & REGIONAL JUSTICE CENTER
CRIMINAL HISTORY, FINGERPRINT & 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? _____

Eighth Judicial District Court (EJDC) 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 EJDC to obtain information from the above named sources. Please be advised that certain facilities/departments/divisions of EJDC require a clear background with no arrests or convictions prior to employment or during the course of your employment by EJDC.

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 consent to the release of the above-referenced information from the sources named above and authorize the Eighth Judicial District Court 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. Any omissions, misrepresentations, and/or failure to disclose information including arrests may disqualify me from the hiring process.

Signature: _____ Date: _____

Name (please print): _____

Witness's Signature: _____ Date: _____

Name (please print): _____

Please provide the following information, so we may contact you in case of questions, etc.:

Name:

Cell Phone Number:

E-Mail Address:

State of Nevada-Division of Child and Family Services
EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY INFORMATION

PART I. EMPLOYER REQUESTING INFORMATION

(Completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Print Name/Title of Person Requesting Data	Date	Signature
8th Judicial District Court CASA Program	casa@clarkcountycourts.us	702-455-4306
Employer/Agency Name	Email	Phone Number
601 N. Pecos Rd. Bldg. D Las Vegas, NV 89101		
Business Address		

EMPLOYER REASON FOR REQUEST:

Release to an agency/individual related to:		
Childcare related employment	Elder care related employment	CASA
Schools/public and private	Other (explain): _____	

PART II. IDENTIFYING INFORMATION

(Completed by individual(s) for whom information is being requested)

List all adults age 18 and over for whom information is being requested

Name (Adult #1)	Date of Birth	Social Security Number
		Male Female
Alias/Maiden Name(s) Used	Gender/Sex	
Email		
Address		

Name (Adult #2)	Date of Birth	Social Security Number
		Male Female
Alias/Maiden Name(s) Used	Gender/Sex	
Email		
Address		

Children in Family or Home

Name	Any other name(s) used	Date of Birth	Social Security Number

PART III. AUTHORIZATION TO RELEASE INFORMATION

(Completed by individual(s) for whom information is being requested)

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

(Name of employer/agency) **8th Judicial District Court CASA Program** about a finding of a substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results:

Adult #1: Email Address Adult #2 Email Address

SIGNATURE AND IDENTIFICATION VERIFICATION

This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

Print Name (Adult #1)	Signature	Date
Print Name (Adult #2)	Signature	Date
STATE OF _____)		
COUNTY OF _____)		
This instrument was acknowledged before me on (date) _____ by:		
Printed Name of Individual _____		_____
(Notary Stamp)		Notary Public

(FOR DCFS CENTRAL OFFICE USE ONLY)

No Record Found

Central Registry Record Found:

A report of ABUSE and/or NEGLECT was substantiated on _____.

*Please be aware that the person(s) in this report may still have the right to appeal these substantiations and they will be provided separate instructions on how to inquire about their appeal rights.

Print Name/Title

Signature

Date