



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		<input checked="" type="checkbox"/> 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 HAIR COLOR:	NATURAL EYE COLOR:	GLASSES: (circle one) 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? (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 in case of questions, etc.:

Name: _____ Email Address: _____ 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

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 No. 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 [X] 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

Table with 4 columns: 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 Dist. 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** _____