



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**
- **Eighth Judicial District Court & Regional Justice Center Criminal History, Fingerprint and 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 (in color), 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

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 TDP Donna's House Vendor Other

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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EMPLOYER:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
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COUNTRY OF BIRTH:	STATE/PROVINCE OR COUNTY OF BIRTH:	CITY OF BIRTH:
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LIST ANY OTHER NAMES USED:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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LAST NAME:	FIRST NAME:	MIDDLE NAME:
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LAST NAME:	FIRST NAME:	MIDDLE NAME:
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LIST ANY OTHER DATE OF BIRTH USED:	LIST ANY OTHER SOCIAL SECURITY NUMBER USED:
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DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
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PHYSICAL CHARACTERISTICS:

GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE	HEIGHT:	WEIGHT:	NATURAL HAIR COLOR:	NATURAL EYE COLOR:	GLASSES: <input type="radio"/> YES <input checked="" type="radio"/> NO
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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:
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TYPE ISSUED (check one):	<input type="checkbox"/> DRIVER LICENSE	<input type="checkbox"/> IDENTIFICATION CARD
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Has your driver's license ever been revoked or suspended? (circle one)	YES	NO
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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:
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NUMBER:	STATE OF ISSUE:	DATE OF ISSUE:	EXPIRATION DATE:
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NUMBER:	STATE OF ISSUE:	DATE OF ISSUE:	EXPIRATION DATE:
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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:



Nevada Department of Public Safety Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Eighth Judicial District Court (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>

- 6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- 8. 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.
- 9. I hereby authorize Eighth Judicial District Court (*name of requesting agency*), 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.
- 10. 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 Name First Name Middle

Applicant's Signature: _____
 Date: _____

Agency Account #: NF1024

Agency Representative: _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative 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 702-455-2272
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 CAS A
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 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 Public	
(Notary Stamp)		

(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 _____