



Thank you for
your interest in CASA,
a program of the Family Services Division,
Second Judicial District Court.

***Please read the STEPS and REQUIREMENTS thoroughly
before completing your APPLICATION***

- Submit a COMPLETED application packet.
- Documents to attach to application packet:
 1. Copy of Driver's License
 2. Copy of Driver's Insurance Card
 3. DMV Record for the past 3 years (see attached instructions)
 4. Autobiography
- Participate in a personal interview.
- Authorize CASA to conduct reference, criminal records and child abuse registry checks.
- Attend Pre-service training.
- Take the CASA Oath of Office.
- Work as a team member with your CASA Case Manager.
- Participate in on-going CASA trainings.
- Communicate regularly with key figures in your CASA child's life.
- Maintain confidentiality.
- Enjoy your CASA work!

Mail or drop-off Application to:

FAMILY SERVICES PROGRAM
75 Court Street, Ste. 214A
Reno, NV 89501

775 328-3298 Website: www.casareno.org



CASA

Court Appointed Special Advocates
FOR CHILDREN

WASHOE COUNTY

Court Appointed Special Advocate

Volunteer Application



Personal Information

Last name _____ First name _____ Middle _____
 Home address _____ Apt. # _____
 City _____ State _____ ZIP _____
 Home phone # _____ Cell phone # _____ FAX# _____
 Email _____ Date of Birth _____ Gender Female Male
 How long have you been a resident of Washoe County? _____



Employment Status

Full time Part time Student Not employed Retired

Place of Employment _____
 Address _____ Work Phone # _____
 Position _____ E-mail address _____
 How long have you been employed at your present job? _____

Other than the above employer, where else have you worked in the past five (5) years?

_____ From _____ To _____
 _____ From _____ To _____
 _____ From _____ To _____



Family Information

Marital Status S M D W Spouse's name _____
 Spouses' Employer _____ Work # _____

Children Ages
 1) _____ 2) _____ 3) _____

Emergency contact _____ Relationship _____
 Emergency phone # _____



Education/Cultural Background

Formal Education

Some high school GED High school Some College College Post-graduate Other

List School / Training Attended

Major/Subject/Degrees/Certificates

Ethnicity

African-American Asian-American Caucasian Latino Native American Other Unknown

Do you speak a secondary Language? Yes No

Spanish French German Other

Write Speak Read



Reference Information

Please list three (3) character references that have known you for at least two (2) years and **Not related to you.** You may include employer, if you have been employed for at least one (1) year.

Complete addresses are REQUIRED. Thank you

- 1) Name: _____ How do you know this person? _____
 Address: _____ City _____ State ____ Zip _____
 How long have you known this person? _____
- 2) Name: _____ How do you know this person? _____
 Address: _____ City _____ State ____ Zip _____
 How long have you known this person? _____
- 3) Name: _____ How do you know this person? _____
 Address: _____ City _____ State ____ Zip _____
 How long have you known this person? _____



Counseling Information

List any Counseling or Psychiatric Treatment you have received

DATES NATURE OF ILLNESS/REASON FOR TREATMENT



Criminal/Civil/History

Have you ever been convicted of a misdemeanor or a felony? Yes No

Date of Offense: _____ Charge: _____

City/State: _____ Outcome: _____

If yes, please give details: _____

Have you ever been convicted of crimes against children? Yes No

If yes, please give details: _____

Have you had personal experience involving child welfare, foster care, adoption, or juvenile services? Yes No

If yes, please explain: _____

Have you ever been involved in an investigation by Washoe County Dept. of Social Services or any other child welfare agency? Yes No

If yes, please explain: _____

Do you currently have any involvement with Family or Juvenile Court? Yes No

If yes, please explain: _____

Have you ever obtained a Temporary Protection Order (TPO) or had one against you?

Yes No If yes, Dates: _____



Driving History

Transporting your CASA child is not a requirement to be a CASA. However, many CASAs have found that brief outings or time away from the CASA child's placement may foster a greater bond. An appropriate driving record and liability insurance in the amount of \$100,000 / \$300,000 is necessary to drive your CASA child. Please provide the following information if you intend to drive your CASA child(ren).

Driver's License Number _____ State _____ Expiration Date _____

Insurance Carrier _____ Insurance Policy Number _____

Insurance Expiration Date _____ Insurance Coverage Amount _____/_____

Instructions to obtain DMV Driving Record from DMV Website:

1. Go to <http://dmvnev.com/>
2. Under "About Us", choose "Online Services".
3. Scroll down to the section titled "Driver License & ID Cards" and choose the link "Driver History Printout".
4. Click the button under "Take a Minute to Get Your Account" titled "No Thanks, Just Continue".
5. Fill out the necessary information and choose "3 Years" for History Type.
6. Print out your 3-Year DMV Driving Record and attach to this application.

Have you lived outside the state of Nevada within the past 7 years for a year period or more? Yes No

If yes, please provide the city, county, and state of your residence and the dates:

City	County	State	From - To



HOW DID YOU HEAR ABOUT THE CASA PROGRAM?

Referred by: CASA Volunteer Internet Newspaper Radio/TV National media

Nevada CASA National CASA Volunteer referral agency Other: _____

Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience with the CASA Program.

Did any of your volunteer positions involve working with children? Yes No

If yes, explain: _____

Were you ever discharged or asked to leave your volunteer position? Yes No

If yes, explain: _____

Please attach a ONE-Page Autobiography.

I hereby submit application to be considered as a CASA volunteer and attest that all the information herein is true and correct.

Signature

Date

PLEASE NOTICE

**The next 3 pages
must be signed
in front of a Notary Public.**



Authorization for Release of Confidential Information

I, _____, hereby certify all statements made on this application are true and correct to the best of my knowledge. I understand by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and any information that may be obtained by Washoe County CASA through inquiry of others, will be used only for the purpose of determining suitability as a Second Judicial District Court CASA program volunteer.

I further understand all information received as a result of the CASA office inquiries will be held in strict confidence, and any information received by the program in this regard shall not be released to the applicant.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall automatically expire upon my termination of involvement in the Washoe County CASA Program.

PURSUANT TO NEVADA LAW, DISCLOSURE OF CONFIDENTIAL INFORMATION IN A MANNER NOT AUTHORIZED BY NRS 432B.280 or NRS 432B.290 IS A CRIMINAL OFFENSE PUNISHABLE BY A FINE UP TO \$1,000 AND UP TO SIX MONTHS IN COUNTY JAIL. RELEASE OF CONFIDENTIAL INFORMATION PERTAINING TO DRUG AND ALCOHOL ABUSE IS ALSO PROHIBITED UNDER FEDERAL LAW AND IS A FEDERAL CRIMINAL OFFENSE, PUNISHABLE BY FEDERAL LAW. SEE CFR 42 PART 2.

Signature

Date

State of Nevada
County of Washoe County

On this ____ of _____, _____, _____ personally appeared before me,
(Day) (Month) (Year) (Name)
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument.

NOTARY PUBLIC

Revised July 2015



Confidentiality Code

PURSUANT TO NEVADA LAW, DISCLOSURE OF CONFIDENTIAL INFORMATION IN A MANNER NOT AUTHORIZED BY NRS 432B.280 or NRS 432B.290 IS A CRIMINAL OFFENSE PUNISHABLE BY A FINE UP TO \$1,000 AND UP TO SIX MONTHS IN COUNTY JAIL. RELEASE OF CONFIDENTIAL INFORMATION PERTAINING TO DRUG AND ALCOHOL ABUSE IS ALSO PROHIBITED UNDER FEDERAL LAW AND IS A FEDERAL CRIMINAL OFFENSE, PUNISHABLE BY FEDERAL LAW. SEE CFR 42 PART 2.

We cannot emphasize strongly enough your responsibility to maintain strict confidentiality in your role as a volunteer. Any information to records pertaining to your case and the people involved in the case, is strictly confidential. It may be discussed with Court personnel or others involved in an official capacity that are authorized to receive such information. The families that come before the Court have a legal right to their privacy. Violation of confidentiality can result in legal ramifications for the violator, increased pressures on families and possibly increased risk to already vulnerable children.

The other agencies and persons with whom you may be in contact – police, schools, welfare, mental health, physicians, etc., - are also bound by strict confidentiality laws. The only reason that they can share their information candidly with you is that they have been given assurances that you will respect the confidentiality and privacy of these families the same as they do.

*I, _____, hereby certify that I recognize that disclosure of client information is a **CRIMINAL OFFENSE** and hereby agree that anything I read, hear or see in or resulting from a family court proceeding will remain confidential.*

I, swear, depose and say that I am making the above statement herein; that I have read the statement affirmations set forth in the above and foregoing statement and know the contents thereof and the same is true to my knowledge.

Signature

Date

State of Nevada
County of Washoe County

On this _____ of _____, _____ personally appeared before me,
(Day) (Month) (Year) (Name)
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument.

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**COMPLETE ONE OF THE FOLLOWING - DATE, SIGN AND NOTARIZE THE
DECLARATION THAT REPRESENTS YOUR STATUS:**



Declaration of Required Minimum Insurance Coverage

I, _____, hereby affirm and represent that I have automotive collision and liability insurance coverage with _____ in the amount of a minimum of \$100,000/\$300,000. I will maintain this level of automobile insurance coverage throughout my participation with the Washoe County CASA Program.

Signature

Date

State of Nevada
County of Washoe County

On this _____ of _____, _____, _____ personally appeared before me,
(Day) (Month) (Year) (Name)
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument.

NOTARY PUBLIC



Declaration of Not Meeting the Required Insurance Coverage

I, _____, hereby affirm and represent that since I do not or cannot maintain the minimum coverage of \$100,000 / \$300,000 liability insurance required by the Washoe County Risk Management, I cannot drive CASA children in my vehicle at any time or under any circumstance.

Signature

Date

State of Nevada
County of Washoe County

On this _____ of _____, _____, _____ personally appeared before me,
(Day) (Month) (Year) (Name)
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument.

NOTARY PUBLIC

Revised July 2015



AUTHORIZATION TO RELEASE INFORMATION

On reverse side

Please complete and sign

Distributed to: Washoe County Sheriff's Department, Washoe County Social Services, Division of Child and Family Services, Department of Motor Vehicles, Sex Offender's Registry, Central Repository, Reno Police Department, Sparks Police Department, and the Federal Bureau of Investigation.



Authorization to Release Information

I hereby authorize the Washoe County CASA Program to conduct an investigation of my background and to gather any and all information which may reflect on my suitability as a volunteer CASA. I agree to hold the CASA Program harmless from any and all liability resulting from such investigation. I understand that all information received by CASA as a result of their investigation of me will be held in strict confidence, and shall not be released by CASA to me.

Last name _____ **First name** _____ **Middle** _____

Aka's (Maiden Name, Nickname, Previous Marriages, Other changes)

Home address _____ Apt. # _____

City _____ State _____ ZIP _____

Place of Birth _____ Date of Birth _____ SS# _____

Race Sex Height Weight Hair Color Eye Color
(This information is for computer search only)

Driver's License# State Exp. Date

Access to car? Yes No Liability Insurance Co. /Amount of Coverage _____

Signature

Date

Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility is not eligible to be a CASA Volunteer. Any applicant that is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of the CASA Program, the CASA Program will consider the extent of the rehabilitation since the misdemeanor or felony was committed as well as other factors that may influence the decision to accept the applicant.

The Washoe County CASA Program is an equal opportunity employer. CASA does not discriminate on the basis of race, color, creed, religious preference, gender, disability, sexual preference, or veteran status; unfortunately, not every applicant is accepted for our volunteer positions. CASA reserves the right to deny a volunteer position to any applicant without explanation. If a volunteer applicant refuses to sign a release of information form or submit to fingerprinting for any of the checks required the CASA program will reject their application.

Revised July 2015