

AFFIRMATION AND RELEASE OF INFORMATION

I, _____, hereby affirm that the information listed on this application is true to the best of my knowledge.

I hereby authorize the CASA program for Bracken, Fleming and Mason Counties, Inc. to investigate my background to determine my fitness as a potential CASA volunteer. I understand that the information requested on this application will be used only for the purpose of determining my suitability as a volunteer for the Court Appointed Special Advocates Program. I understand that by signing the release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which may include my past or present employers. I further authorize FBI, state and/or local police record check, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA Volunteer and may be shared with other CASA programs, if appropriate. I further understand that additional background checks may be made on me in the future to remain a CASA Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA Volunteer.

This release is good until revoked by me, in writing, at my time before it has been acted upon.

Criteria used in this selection of CASA Volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA Volunteer. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21 years old) or marital status.

I understand that CASA reserves the sole right to determine which individuals are suitable to become CASA Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past seven (7) years and/or who have a history with a child protective service agency may not be accepted as a CASA Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect, or who had been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA Volunteer. Applicants who refuse to sign this release will not be considered for the CASA Program for Bracken, Fleming & Mason Counties, Inc.

I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child (or children) to whom I am assigned is under the court's jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my resignation to the program coordinator as soon as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss the contents of this material only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

*By signing my name above, I attest that I am the Applicant and the Preparer of this document and all information contained herein accurate and true.

Full Legal Name: _____

Date of Birth: _____ SSN: _____

Signature of CASA Applicant: _____

Date Signed: _____