

Volunteer Demographic Information

Quarter/Year _____

Last Name:

Birthdate:

First Name:

Age of Volunteer

Age

Language

- *English
- *Other
- *Sign
- *Spanish
- *Unknown

Race

- *African American
- *Asian/Pacific Islander
- *Caucasian
- *Multi-Racial
- *Native American
- *Other
- *Unknown

Employment Status

- Full time
- Not employed
- Part time
- Retired
- Student
- Unknown

Gender

- Female
- Male
- Other

Ethnic Origin

- Hispanic/Latino
- Not Hispanic or Latino

Career Type

- Attorney
- Education Prof
- Government/Military
- Legal
- Medical Prof
- Other
- Teacher
- Unknown

How you heard about CASA

- Agency/Prof
- Corporation
- ED Presentation
- Event
- Flyer
- Friend/Family
- Internet
- Media
- Misc.

Marital Status

- Divorced
- Married
- Separated
- Single
- Unknown
- Widowed

Education

- College
- GED
- High School
- Other
- Post-graduate
- Some college
- Unknown

- Referral Agency
- Religious Org.



FIFTH JUDICIAL DISTRICT CASA PROGRAM

650 Addison Ave. W. Suite 208
P. O. Box 2918
Twin Falls, Idaho 83301
(208) 735-1177 Fax (208) 324-2016
www.5thcasaidaho.org

Please Print

Name: _____
(Last) (First) (Middle) (Maiden)

Other Names Used: _____

Address: _____

Date of Birth: _____ Social Security # _____

Telephone: Home _____ Work _____ Cell _____

E-Mail: _____

Person to notify in emergency _____

Address _____ City/State _____ Phone No. _____

Employment

Employer _____

Address _____

City/State _____

May you be contacted at work? Yes No

Brief description of your work _____

Education

Formal Education (highest year of school completed) _____

Are you presently attending school? Yes No

Will you receive academic credit for your volunteer work? Yes No

Do you speak a foreign language? Yes No

If yes, which language (s) _____

Availability

Are you willing to commit to one year of volunteer service? Yes No

How many hours per week are you available? _____

What days and hours of the week are you available? _____

As a CASA Volunteer you will be required to attend court hearings for the children you represent. Almost always you will receive advance notice of these hearings.

Will you be able to arrange your schedule to attend these hearings? Yes No

Do you have a valid Idaho Driver's License? Yes No

Do you have access to a car? Yes No

SELF-DECLARATION AND AUTHORIZATION FOR CRIMINAL HISTORY CHECK

(I.C.A.R. 47)

Is this a **RENEWAL** application? Yes No

FOR OFFICE USE ONLY

Date Received:

Action Log:

Cleared:

FBI Reject 1:

Exemption:

HIT:

FBI Reject 2:

Denied:

Last Name (Please print legibly)

First Name

Middle Name

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

Street Address

City

State

Zip

Daytime Telephone Number

Date of Birth

Email Address (Will be used for primary communication)

Social Security Number

Place of Birth – City & State (or Country*)

Other Countries of Residence

Sex

Race

Height

Weight

Hair Color

Eye Color

Driver's License (DL) Number

DL State

Include a copy of a valid identification document, such as a driver's license, identification card, or passport, issued by a governmental entity.

**If you were born outside of the US, please provide documentation proving age at immigration to US, such as a copy of a Permanent Resident Card. If immigration occurred after the age of 18, or you have resided outside the US, please contact the Background Check Coordinator at AOCFingerprint@idcourts.net for further guidance.*

I am applying as a: GAL-Volunteer GAL-Board Member GAL-Staff/Employee

(Please check one) Supervised Access Provider Parenting Coordinator Family Court District Manager

DV Evaluator DV Court Coordinator

Judicial District: 1st 2nd 3rd 4th 5th 6th 7th

(Please check one)

If you answer YES to questions 1 through 6, or NO to question 7, you **must provide an explanation** of each item. Please include the date, location, crime/incident, and action. If necessary, please attach additional pages.

1) Have you ever been charged with a crime or arrested in Idaho or any other state? Yes No
If yes, please include the date, location, crime/incident, action, and explanation:

2) Have you ever pled guilty or been convicted of a crime as an adult or juvenile? Check YES even if the conviction was sealed or the judgment was withheld. (Include traffic crimes such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed). Yes No

If yes, please include the date, location, crime/incident, action, and explanation:

3) Do you have criminal charges or warrants pending against you, or are you on probation or parole in Idaho or any other state? Yes No

If yes, please explain: _____

4) Have you ever had a criminal, civil, or juvenile protection, no contact, or restraining order filed against you? Yes No

If yes, please explain: _____

5) Have you ever been found to have committed abuse or neglect in a child protection case or adult protection case or have you ever appeared on either the child abuse registry or adult protection registry? Yes No

If yes, please explain: _____

6) Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

7) Do you have a valid driver's license today? Yes No

If no, please explain: _____

If this is a renewal, also answer questions 8-10 in this section.

RENEWALS ONLY

8) When were you last cleared by the Idaho Supreme Court? _____/_____/_____

9) Have you resided in other states or countries since then? Yes No

If yes, please list: _____

10) Were you issued a Conditional Denial previously? Yes No

If yes, did you go through the Exemption Review Hearing process? Yes No

If yes, were you granted an Exemption (cleared)? Yes No

If yes, in which year? _____

AUTHORIZATION TO INVESTIGATE

I hereby authorize the Idaho Supreme Court (Court) to conduct a criminal history and background check on me. I understand that my fingerprints will be sent to the FBI for processing, and I authorize the Court to gather information from any city, county, state, and/or federal law enforcement agencies, the Idaho Department of Health and Welfare, the Idaho Sex Offender Registry, and any other source deemed necessary by the Court. I release the Court from any and all liability and expense associated with this investigation.

SELF-DECLARATION

I swear/affirm that the information on this form is true and accurate to the best of my knowledge. My signature reflects my understanding that I am signing this document under oath under penalty of perjury. I understand that any fraud, misrepresentation, or omission in my answers may result in my disqualification or dismissal.

Typed/Printed Name

Applicant's Signature

Date



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from Idaho Supreme Court that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. 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>.

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 at the same website address as provided above. 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 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>.

700 S. Stratford Dr., Ste. 120
Meridian, ID 83642

Nov-19

Signature of Applicant _____

Date _____



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM
THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

INSTRUCTIONS

- This form **must** be completed in its entirety.
- It **must** be signed by the person that is being checked, or, by their parent/guardian if the subject of the search is under the age of eighteen (18).
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of \$20.00 payable to: "Idaho Department of Health and Welfare" or "IDHW". DO NOT SEND CASH.

PERSON BEING CHECKED (PRINT CLEARLY OR TYPE):

IF THE FORM IS ILLEGIBLE OR INCOMPLETE, IT WILL BE REJECTED AND RETURNED

LAST NAME:

FIRST NAME:

MAIDEN/FORMER NAME(S)/ALIASES:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

AGENCY INFORMATION:

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

LICENSING AGENCY/EMPLOYER NAME:

The Administrative Office of the Courts-Idaho Supreme Court

RETURN RESULTS TO:

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

NAME: **The Administrative Office of the Courts-Idaho Supreme Court**

STREET/PO BOX:

PO Box 83720

EMAIL:

AOCfingerprint@idcourts.net

CITY/STATE/ZIP:

Boise, ID 83720-0101

FAX NUMBER:

(208) 947-7416

REASON FOR REQUEST:

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY. IF THE REASON FOR THE REQUEST IS NOT LISTED, SELECT "OTHER" AND SPECIFY THE LAW/ORDINANCE REQUIRING THE CHECK TO BE COMPLETED.

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)

Child Care Employment (CCDBG)

Guardian ad Litem/Court Appointed Special Advocate

Other (must specify law/ordinance):



IDAHO DEPARTMENT OF
HEALTH & WELFARE

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

IMPORTANT:

THIS REQUEST CANNOT BE PROCESSED WITHOUT THE NOTARIZED SIGNATURE OF THE PERSON BEING CHECKED

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

PRINT NAME:

SIGN (PARENT/GUARDIAN IF UNDER 18):

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SIGNATURE _____

MY COMMISSION EXPIRES ON _____

SEAL

RESULTS:

TO BE COMPLETED BY IDHW STAFF ONLY

THE ABOVE NAMED INDIVIDUAL **IS NOT** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

THE ABOVE NAMED INDIVIDUAL **IS** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

UNABLE TO PROCESS DUE TO:

INCOMPLETE FORM

PAYMENT NOT INCLUDED

ILLEGIBLE – UNABLE TO READ INFORMATION ON FORM

OTHER:

COMPLETED BY: (IDHW STAFF ONLY)

SIGNATURE:

DATE: