



COURT APPOINTED SPECIAL ADVOCATE PROGRAM

17TH Judicial Circuit ~ BOONE COUNTY ~ ILLINOIS
P.O. Box 888 Belvidere, IL 61008-0888 ~ Phone (815) 547-6599
E-mail: ILBooneCountyCASA@gmail.com ~ Fax (815) 547-6588
Website: www.boonecountycasa.org
Charlotte Meier, Executive Director

A member of: ~ National CASA ~ Illinois CASA ~ A United Way Agency

VOLUNTEER APPLICATION FORM

NAME: _____ PHONE (H): _____

PHONE (W): _____ PHONE (C): _____

ADDRESS: _____

FAX: _____ (Street) _____ (City) _____ (Zip)

E-MAIL: _____

SOC. SEC. No: ___ - ___ - _____ BIRTHDATE: _____

Have you lived outside the state of Illinois in the last five years? Yes No

If yes, please list all addresses, state and zip codes:

CURRENT OCCUPATION: _____

May we contact you at work? Yes No

If yes, please list work phone: _____

DRIVER'S LICENSE #: _____

STATE ISSUED _____

Do you have personal transportation? Yes No License Plate No. _____

CAR INSURANCE CARRIER: _____

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? IF YES, PLEASE LIST:

EDUCATION

HIGH SCHOOL: _____

GRADE COMPLETED: _____

COLLEGE/TRADE SCHOOL: _____

YEARS COMPLETED: _____

DEGREES/TRAINING: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER

NAME & ADDRESS: _____

PHONE: _____

TYPE OF WORK: _____

HOW LONG HAVE YOU WORKED AT YOUR PRESENT JOB? _____

PREVIOUS EMPLOYER

NAME & ADDRESS: _____

PHONE: _____

TYPE OF WORK: _____

HOW LONG EMPLOYED AT THIS JOB? (List approx. dates) _____

OTHER SKILLS/VOLUNTEER EXPERIENCE

PLEASE LIST OTHER SKILLS OR EXPERIENCE (INCLUDING PREVIOUS VOLUNTEER EXPERIENCE OR OTHER WORK EXPERIENCE) THAT WOULD BE HELPFUL IN WORKING ON BEHALF OF ABUSED AND NEGLECTED CHILDREN:

HOW DID YOU HEAR ABOUT THE CASA PROGRAM?

REFERENCES (Please list three – do not use spouse or relatives)(**must include mailing address**)

1. Name: _____ Phone: _____
Place of Employment: _____ Occupation: _____
Address: _____
City, State, Zip _____

2. Name: _____ Phone: _____
Place of Employment: _____ Occupation: _____
Address: _____
City, State, Zip _____

3. Name: _____ Phone: _____
Place of Employment: _____ Occupation: _____
Address: _____
City, State, Zip _____

THE PRIMARY CONCERN OF THE JUVENILE COURT MUST BE THE SAFETY AND WELL-BEING OF THE CHILDREN BROUGHT BEFORE THE COURT. TO INSURE THIS, THE COURT MUST SCREEN BOTH STAFF AND VOLUNTEERS VERY CAREFULLY, CHECKING PERSONAL REFERENCES AND COMPLETING THE NECESSARY CHILD ABUSE/NEGLECT TRACKING SYSTEM (CANTS) AS WELL AS CRIMINAL BACKGROUND CHECKS.

AUTHORIZATION OF APPLICANT

YOUR SIGNATURE BELOW INDICATES YOUR AUTHORIZATION TO ALLOW THE BOONE COUNTY CASA PROGRAM STAFF TO COMPLETE A THOROUGH CANTS AND CRIMINAL BACKGROUND CHECK, INCLUDING A NATIONAL FINGERPRINT BASED INQUIRY AND SOCIAL SECURITY NUMBER VERIFICATION, OR YOUR WILLINGNESS TO EXECUTE FURTHER RELEASES TO ALLOW US TO CARRY OUT BACKGROUND CHECKS. YOUR SIGNATURE BELOW ALSO MEANS THAT YOU ARE REASONABLY SURE THAT YOU WILL BE ABLE TO MAKE A MINIMUM 24-MONTH COMMITMENT AS A CASA AND ALSO COMPLETE AT LEAST TWELVE (12) HOURS OF IN-SERVICE TRAINING PER YEAR.

The information contained herein is true and correct, to the best of my knowledge and belief:

SIGNATURE: _____ DATE: _____

THE BOONE COUNTY CASA PROGRAM RESERVES THE RIGHT TO DENY ADMITTANCE INTO THE PROGRAM TO ANY INDIVIDUALS WHO HAVE BEEN CONVICTED OF CERTAIN OFFENSES OR WHO WE BELIEVE MAY NOT BE ABLE TO ACT IN THE BEST INTERESTS OF THE CHILDREN WHO ARE THE SUBJECTS OF THE JUVENILE COURT CASES TO WHICH WE ARE APPOINTED. WE WILL NOT ASK IF INDIVIDUALS HAVE HAD RECORDS EXPUNGED OR SEALED. APPLICANTS ARE NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST.

*Boone County State's Attorney,
Boone County Sheriff's Department and
Boone County CASA Program*
Authorization for
LEADS/NCIC Criminal History Check

Name:

Last First Middle

Date of Birth: _____ **Gender:** Male Female **Race:** _____
(circle one)

Current Address:

Street/Apt. #

City State Zip Code

List all addresses at which you have resided in the past five years:

List maiden name and all other names by which you have been known (last, first, middle):

I hereby authorize the Boone County State's Attorney or the Boone County Sheriff's Department to conduct a LEADS/NCIC Criminal History check. I further consent to the release of this information to the Boone County CASA Program.

Signature

Date

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe - Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

(815) 547-6588 (Submitting Agency Fax Number)
ILBooneCountyCASA@gmail.com (Submitting Email Address)
Boone County CASA (Agency Name)
Charlotte Meier - Executive Director (Contact Person)
P.O. Box 888 (Address)
Belvidere, IL 61008 (City/State/Zip)

Print Form