



Court Appointed Special Advocates (CASA) of Knox & Laurel Counties, Inc.*

Volunteer Job Description

Basic Function: A CASA volunteer is a trained community volunteer appointed by a Family Court Judge to speak for the best interests of a dependent, abused and/or neglected child. A CASA works alongside attorneys and social workers as an official part of the judicial proceedings. By handling only one case at a time, the CASA has time to thoroughly explore the history and circumstances of each assigned case. The CASA program is dedicated to the premise that all children are entitled to grow up in a nourishing and stable permanent home environment.

Supervision: Direct supervision and guidance is provided by the Volunteer Coordinators and the Program Director. These individuals will be available to volunteers to discuss case plans, progress, or problems, as well as provide other information needed by the volunteer to fulfill his/her role as a CASA. Volunteers will periodically be asked for feedback regarding supervision and overall satisfaction with the program.

Major Duties and Responsibilities:

- ◆ Complete an extensive, independent review of each case:
 - Meet with the child as often as necessary to determine whether the child's essential need are being met and whether court orders are being carried out (at minimum, face-to-face once every 30 days);
 - Meet with social worker to discuss case history, obtain pertinent case information, and to ensure development of a permanency plan;
 - Speak with the child and relevant adults (parents, family members, school officials, doctors, and others involved in the child's life who might have facts about the case);
 - Review appropriate records and reports;
 - Observe the child and significant others;
 - Comply with KRS 620.030 and the duty to report dependency, neglect, abuse, or human trafficking to the appropriate authorities and the CASA supervisor;
- ◆ Submit a written report and recommendation to the Judge at every schedule hearing/review and at least once every six month for as long as assigned to the case;
 - Provide a written report containing factual information to the CASA office 5 business days prior to every hearing;
 - Attend court hearings concerning the child.
- ◆ Advocate for the child's best interest:
 - Be certain that all relevant facts are presented at the court hearings;
 - Attend appropriate meetings regarding the child;
 - Participate in all planning conferences concerning the child;
- ◆ Keep all case-related information confidential.
- ◆ Consult bi-weekly with the CASA supervisor concerning assigned case:
 - Develop a CASA case plan;
 - Review progress and reports;
 - Arrange with the coordinator for coverage of any conferences or court proceedings if unable to attend.
 - Report volunteer time as directed by the CASA supervisor.

Training/Support Plan:

- CASA volunteers must complete at least 30 hours of pre-service training
- CASA volunteers must attend 12 hours annually of in-service training.
- CASA volunteers will appear before a judge to take an Oath of Confidentiality.
- CASA volunteers follow guidelines outlined in the Volunteer Policies and Procedures.
- CASA volunteers receive direct supervision and guidance from program staff.

Time Commitment:

- Volunteers are required to make a twelve-month minimum commitment to the program.
- Volunteers are expected to attend all court hearings on their cases – approximately 5 per year.
- Volunteers are required to meet regularly with their child, at least once every 30 days, unless a special exception is granted.
- Volunteers are expected to be available for case assignment and to accept cases immediately upon completion of pre-service training, unless other arrangements have been made.
- CASA volunteers, on the average, spend 1-4 hours per week on a case.

Necessary Knowledge and Skills:

- Ability to keep all client and court information confidential.
- Ability to communicate effectively both orally and in writing.
- Ability to respect and relate to people from various backgrounds.
- Willingness to submit to, and successful clearance of, all necessary background checks
- Ability to transport self.
- Ability to maintain objectivity.
- A basic understanding of child development and family relationships.
- Good common sense.
- Must be 21 years of age.

Benefits: Although we cannot provide you with monetary rewards, there are many benefits to volunteering as a CASA. These include the opportunity to:

- Make a difference in the life and future of an abused or neglected child;
- Help a child/children find permanency in a safe, loving home;
- Assist judges in obtaining a clear picture of a child's life and needs;
- Gain an understanding of Family courts, legal proceedings, and social service agencies;
- Develop/utilize communication skills and assertiveness;
- Utilize your past experience/skills;
- Form friendships with like-minded people in your community;
- Have access to training via local, state and national CASA.

*CASA in Knox and Laurel Counties is a joint project of CASA of Knox & Laurel Counties, Inc. and the Kentucky CASA Network, Inc.



Court Appointed Special Advocates of Knox & Laurel Counties*

VOLUNTEER APPLICATION

(Feel free to use the back of any page for extended answers)

Name

Date of Birth

Social Security Number

Phone Number

Home Address

City, State

Zip

E-mail Address

Emergency Contact

Phone Number

Employed By (If Employed)

Phone Number

Address

May we call you at work? ☐ Yes ☐ No

Brief description of work: _____

Formal Education (highest year of school completed): _____

Do you speak a foreign language? ☐ Yes ☐ No If yes, which language _____

Do you drive? ☐ Yes ☐ No Do you have regular access to a car? ☐ Yes ☐ No

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

As a CASA volunteer you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings?

☐ Yes ☐ No

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

What are your reasons for wanting to participate as a CASA volunteer?

Have you had any personal experience(s) involving:

☐ Child Welfare

☐ Foster Care

☐ Court System

☐ Other agencies offering services to a child

If so, please explain: _____

How did you learn of our program: _____

Have you ever been convicted of a crime other than a traffic violation? ☐ Yes ☐ No

If yes, what charge? _____ Date convicted: _____ Where _____

Do you consent to a routine check of your criminal records? ☐ Yes ☐ No

Can you think of any reason why a judge might be reluctant for you to serve as a CASA volunteer?

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Zip Code	Email	Relationship
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1. _____

2. _____

3. _____

How long have you lived in the area? _____

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Knox & Laurel Counties, Inc. and Kentucky CASA Network, Inc. to investigate my background to determine my fitness as a potential volunteer. I understand that I may withhold my permission and that in such case, no background investigation will be done, and my association with CASA will be concluded.

- Both organizations may conduct a check with state and national criminal records, SSN verification check, and sex offender registry check.
- Both organizations are authorized to process a records' check with the Kentucky Cabinet for Health and Family Services Child Abuse and Neglect Registry.
- Both organizations are hereby authorized to complete a check with the Kentucky adult protection registry (Kentucky Caregiver Misconduct Registry). Said organizations are authorized to complete a self-query using the adult protection services web-based registry on my behalf. I release CASA of Knox and Laurel Counties, Inc. and Kentucky CASA Network, Inc., their officers, agents, and employees from any liability or damages result from conducting the self-query.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer and that any information thereby obtained will be held by CASA to be strictly confidential.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice 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 these matters only with people directly involved in the case or professionals consulted for their knowledge and expertise.

Signature _____

**PLEASE RETURN YOUR COMPLETED APPLICATION AND A PHOTOCOPY OF
YOUR DRIVERS LICENSE TO:**

CASA Volunteer Interview Questions

Name _____

1. What is one reason you want to become a CASA volunteer?
2. What is one concern you have about volunteering?
3. What beliefs, ideas, or theories do you have about why child abuse/neglect occurs?
4. What do you feel constitutes child abuse?
5. Do you feel comfortable dealing with topics such as drug/alcohol abuse, etc.?
6. What skills, strengths, and/or personal characteristics do you possess that would make you an effective CASA volunteer?
7. Would you be willing to go into someone's home to interview them or assess the home environment?
8. What is one thing you are most excited about as you begin training?

**CASA STAFF/BOARD MEMBERS
AUTHORIZATION FOR BACKGROUND CHECK
CASA of Knox and Laurel Counties, Inc.**

I, _____, hereby authorize CASA of Knox and Laurel Counties, Inc. to process a record check with national criminal records, SSN verification check, and sex offender registry check. I specifically authorize such an investigation by information services and outside entities of the organization's choice. I understand that I may withhold my permission and that in such a case, no investigation will be done, and my association with CASA will be concluded.

Driver's License Number: _____

Social Security Number: _____

Date of Birth: _____

Current Address:

Previous Address during the last 7 years (if different than current address):

Signature

Date

Printed Name

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency) (Required by 922 KAR 1:300)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
☐ Michelle P. Waiver (Required by 907 KAR 1:835)
☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
☐ Children's Advocacy Center (Required by 922 KAR 1:580)
☒ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: _____ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____

Previous Address:	City	State	Zip Code
Previous Address:	City	State	Zip Code
Previous Address:	City	State	Zip Code
Previous Address:	City	State	Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check _____

Date _____

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: CASA of Knox and Laurel Counties
ADDRESS: PO Box 3156 CITY: London
STATE: KY ZIP: 40743 PHONE: 606-389-5968
E-MAIL ADDRESS: Volunteercasa@outlook.com

RESULTS OF CHILD ABUSE OR NEGLECT CHECK

[FOR OFFICIAL USE ONLY]

- ☐ No reportable incident found in accordance with 922 KAR 1:470
☐ Substantiated child abuse found on the registry Date of substantiated finding: _____
☐ Substantiated child neglect found on the registry Date of substantiated finding: _____
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No
☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (check or money order).

Criminal Justice Agencies

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature
CASA of Knox and Laurel Counties
Company
Debra Hauser, Executive Director
Requestor/Contact Person
P.O. Box 3156
Address
London, KY 40743
City, State, Zip

Date
debsadhauser@gmail.com
E-mail address
606-389-5968
Telephone Number

Please denote which purpose applies to this request:

- ☐ Employment
☐ Criminal Investigation
☐ Screening Housing Applicants
☐ Volunteer/Care over Juvenile
☐ Licensing
☒ Other (please explain) CASA Volunteer

DPP-246
(11/14)
922 KAR 5:120

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CAREGIVER MISCONDUCT REGISTRY SELF-QUERY

KRS 209.032 requires vulnerable adult service providers to conduct an adult abuse, neglect, or exploitation background check on prospective employees. Kentucky Revised Statutes may be found at <http://www.lrc.ky.gov/Statutes/index.aspx>. The Caregiver Misconduct Registry only contains information pertaining to validated substantiated findings of adult abuse, neglect, or exploitation entered on or after July 15, 2014. In accordance with KRS 209.032, only vulnerable adult services providers or individuals making a self-query are authorized to access the Caregiver Misconduct Registry.

Please explain the reason for requesting an adult abuse/neglect/exploitation check:

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO AN ADULT ABUSE/NEGLECT/EXPLOITATION CHECK. (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Date of Birth: _____ Social Security #: _____

Present Address: _____

I hereby authorize the Cabinet for Health and Family Services (Cabinet) to complete a self-query using the web-based registry on my behalf. I also authorize the Cabinet to provide the results of the check to me at my address above and any employer or agency I have listed below. I release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information. All the information provided within this form is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, the self-query of the registry may not be conducted.

I attest that I am an individual making a self-query as authorized under KRS 209.032. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to persons or entities not authorized under KRS 209.120, is a violation of this agreement and the law which may result in criminal or civil liability.

Signature _____ Date _____

Witness _____ Date _____

If you would like a copy of this completed self-query sent to someone else, fill in the following information:

Name of Employer/Agency: CASA of Knox and Laurel Counties
Address: P.O. BOX 3156 City: London
State: KY Zip: 40743 Phone: (606) 389-5968

KentuckyUnbridledSpirit.com



An Equal Opportunity Employer (M/F/D)

CENTRAL REGISTRY CHECK

Send the signed and completed self-query form to:

**RECORDS MANAGEMENT SECTION
DEPARTMENT FOR COMMUNITY BASED SERVICES
275 EAST MAIN STREET, 3EG
FRANKFORT, KENTUCKY 40621
FAX: (502) 564-9554**

FOR OFFICIAL USE ONLY

Results of the Adult Abuse, neglect, or exploitation check:

- ☐ No reportable incident found in accordance with 922 KAR 5:120.
- ☐ Validated Substantiated incident of abuse/neglect/exploitation found on the registry.

Check conducted (date): _____ **By:** _____

Please note that an exact match against the given Social Security number was performed to determine whether a validated substantiated finding of adult abuse, neglect, or exploitation exists on the registry per KRS 209.032. Investigations that are pending, under appeal, or where a substantiated finding was overturned or on appeal, will not result in a match.

If you feel there is an error in this information, please contact the Commissioner of the Department for Community Based Services, 275 East Main Street (3W-A), Frankfort, Kentucky 40621.