



CASA OF ELKHORN VALLEY

408 W Norfolk Ave, Ste 102
Norfolk, NE 68701

(402) 371-9599

www.elkhornvalleycasa.org

Dear Prospective Applicant,

Thank you for your interest in joining CASA of Elkhorn Valley! By considering a role with us, you are taking the first step toward making a meaningful impact on the lives of children who need a strong advocate in their corner. Our mission is to ensure that every child who has experienced abuse or neglect has a voice in court and the opportunity to thrive in a safe, stable home.

At CASA of Elkhorn Valley, we are looking for dedicated individuals who are passionate about child advocacy, teamwork, and creating lasting change. Whether you're applying for a leadership, administrative, or advocacy role, every position within our organization plays a vital part in supporting the children and families we serve. We value collaboration, integrity, and a commitment to excellence, and we strive to foster an environment where our team members feel valued, empowered, and supported.

If you decide to move forward, please complete the enclosed application and return it to our office. As part of the hiring process, all applicants must undergo a background check, reference checks, and an interview. Some positions may also require additional screenings to ensure alignment with our mission and the safety of the children we serve.

Joining CASA of Elkhorn Valley means becoming part of a team that believes in the power of advocacy and the importance of giving children a voice. If you are passionate about making a difference, we would love to hear from you!

We look forward to reviewing your application.

Warmly,

Board of Directors
CASA of Elkhorn Valley



Employee Application Screening Process

- 1) Employee Application Packet **with Resume and Cover Letter**
 - a) **Return via Email:** apply@elkhornvalleycasa.org
 - b) **Return via Mail:**

CASA of Elkhorn Valley
408 W Norfolk Ave, Ste 102
Norfolk, NE 68701
- 2) Interview(s)
- 3) OneSource - County, State, & National Background Check
 - a) Criminal History
 - b) Federal Crime
 - c) Sex Offender Registry
 - d) Social Security Number Verification
 - e) Motor Vehicle Report
- 4) Nebraska Children & Family Services Registry Check
- 5) Three (3) Personal References Check
- 6) Board Approval

CASA of Elkhorn Valley Employee Application

(must be at least 21 years of age)

Date: _____

How did you learn about CASA of Elkhorn Valley? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> CASA Staff/Volunteer | <input type="checkbox"/> Radio/Print Ad |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |

Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____

Current Address: _____

Previous Address: _____

(last 7 years)

Primary Phone: _____ Email: _____

Secondary Phone: _____ Home Phone: _____

Required for Security Screening

The CASA background check requires full disclosure of name changes, use of assumed names, nicknames, etc. If you have used names other than the name provided above, please explain below.

CASA of Elkhorn Valley Employee Application

(must be at least 21 years of age)

Social Security#: _____ Drivers License #: _____

Date of Birth: _____ Place of Birth: _____

Emergency Contact: _____ Phone: _____

Current Employer & Education Information

Employer: _____ Employment Dates: _____

Employer Address: _____

Job Title(s): _____

Description of Work: _____

Describe your educational background: (include colleges attended and degrees)

Describe your workplace background: (where worked, duties, how long there)

What languages do you speak other than English: _____

CASA of Elkhorn Valley Employee Application

(must be at least 21 years of age)

What experience do you have in child welfare or related fields? _____

Are you willing to complete a minimum of 30 hours of basic training and on-going training and court appearances as indicated by the CASA program? (circle) YES NO

Can you see yourself visiting with a child or family in their home, or with a child who has been institutionalized? (circle) YES NO

What do you feel are the personal strengths that you bring to CASA? _____

What skills or areas of interest would you be willing to utilize as an Employee? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Grants or Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Administrative Tasks | <input type="checkbox"/> Other: _____ |

Have you ever been accused, charged or convicted of a felony? (circle) YES NO

If yes, please explain and list in which county: _____

Have you ever been accused, charged or convicted of a misdemeanor? (circle) YES NO

If yes, please explain and list in which county: _____

Note: Applicants with a conviction or pending charges for a felony or misdemeanor involving a sexual offense, child or adult abuse or neglect, or any related act that may pose a risk to children or compromise the integrity of CASA of Elkhorn Valley will not be eligible to serve as a CASA Employee.

CASA of Elkhorn Valley Employee Application

(must be at least 21 years of age)

What position(s) are you interested in applying for?

Employee References

Please provide three (3) references, including two (2) professional and/or volunteer contacts and one (1) personal reference (preferably unrelated). Local references are preferred, and **complete addresses** must be included. Additionally, please distribute the enclosed CASA Reference Questionnaire and Employee Information Sheet to each of your references for completion.

1) **Name:** _____ **Phone:** _____
Address: _____
Relationship: _____

2) **Name:** _____ **Phone:** _____
Address: _____
Relationship: _____

3) **Name:** _____ **Phone:** _____
Address: _____
Relationship: _____

CASA of Elkhorn Valley

Employee Application

(must be at least 21 years of age)

I understand that submitting this application does not guarantee employment with CASA of Elkhorn Valley. I acknowledge that my employment is contingent upon the successful completion of the hiring process, which includes at least one personal interview, reference checks, and an extensive background screening. This screening may include, but is not limited to, inquiries into my employment history, character, criminal records (local, state, and national), sex offender registries, child and adult central registries, and motor vehicle records. These checks will be conducted through OneSource or another designated provider and may be repeated periodically as required by CASA of Elkhorn Valley policies.

I further understand that, if hired, I will be required to complete all mandatory training as established by CASA of Elkhorn Valley and adhere to the organization's policies and procedures. I acknowledge that failure to provide required information or refusal to sign any necessary release forms will result in the rejection of my application or termination of employment.

I certify that all statements provided in this application are true and correct to the best of my knowledge. I understand that any false or misleading information may result in disqualification from the hiring process or immediate termination if already employed. All information obtained during this process will be held in strict confidence.

By signing below, I acknowledge my understanding and agreement to the terms outlined above.

Date: _____

Applicant Name: _____

Applicant Signature: _____

Applicant Social Security #: _____

Applicant Address: _____

CASA of Elkhorn Valley

Employee Reference Questionnaire

Given the sensitive nature of CASA work, we ask that you answer all questions as thoroughly and honestly as possible, providing any additional information you believe would be helpful in our selection process. The well-being of children is our highest priority, and it is essential that we assess each applicant's suitability for this role. If additional space is needed to provide complete responses or comments, please use the back of this sheet or attach a separate page.

Once completed, **please return** the questionnaire to apply@elkhornvalleycasa.org or mail it to: CASA of Elkhorn Valley, 408 W Norfolk Ave, Ste 102, Norfolk, NE 68701.

Name of Applicant: _____

1) **How long have you known this person?** _____

2) **What relationship is this person to you?** _____

3) **Do you feel this person is qualified and able to perform the duties outlined on the Employee Information Sheet?** _____

4) **Do you feel the applicant possesses good communication skills and can relate well to others?**

5) **Do you feel this person would be objective, not judging others' behaviors or lifestyles?**

6) **Do you feel this person would act in a professional manner when interacting with others?**

7) **Do you feel this person is able to respect confidentiality?** _____

8) **Would you be comfortable having this person advocate for a member of your family?**

9) **Is there any reason we should not accept this applicant?** _____
Please explain: _____

10) **Please describe why you think this person would be dedicated to advocating for a child.**

Print Name: _____

Signature: _____ **Date:** _____

CASA of Elkhorn Valley

Employee Information Sheet

Thank you for taking the time to complete the Employee Reference Questionnaire. Your honest and thoughtful feedback is invaluable in helping us determine the suitability of the applicant. Below is an overview of some of the responsibilities and expectations of a CASA Employee to provide you with a clearer understanding of the position.

What is a CASA of Elkhorn Valley?

CASA of Elkhorn Valley is a nonprofit organization that recruits, trains, and supports Court Appointed Special Advocates (CASAs) who serve as the voice for children in foster care. Our staff works closely with volunteers, courts, social services, and community partners to improve the outcomes of children navigating the child welfare system.

At CASA of Elkhorn Valley, we are driven by a commitment to service, collaboration, and integrity. We foster a supportive and inclusive workplace where every team member is valued and empowered to make a difference. We believe in continuous learning, innovation, and a team-oriented approach to advocacy. More information can be found by visiting us online at www.elkhornvalleycasa.org.

Employment Expectations

- 1) Support and uphold the organization's mission, vision, and core values.
- 2) Work collaboratively with colleagues, volunteers, and community partners.
- 3) Maintain professionalism, confidentiality, and ethical standards.
- 4) Complete required training and professional development.
- 5) Demonstrate flexibility and adaptability in a dynamic work environment.
- 6) Commit to making a lasting impact in the lives of children.
- 7) Commit to child safety and program integrity. Certain positions require court appearances, case management responsibilities, and/or direct involvement with volunteers and children.

Why CASA Matters

Children in foster care often face uncertainty, instability, and a lack of trusted adults who can consistently advocate for their needs. CASA provides a powerful, independent voice in the courtroom and the child's life, ensuring they are not forgotten in the system. Research shows that children with CASA Volunteers are more likely to receive necessary services, perform better in school, and find permanent homes faster than those without advocacy.

Your insights as a reference will help us determine if the applicant is well-suited for this critical role. If you have any questions, please feel free to contact us at apply@elkhornvalleycasa.org or by mail at:

CASA of Elkhorn Valley

408 W Norfolk Ave, Ste 102
Norfolk, NE 68701

Thank you for your time and assistance in this process!



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

CASA of Elkhorn Valley ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ Middle: _____

Other Names/Alias: _____

Social Security #: _____ Date of Birth (MM/DD/YYYY): _____

Driver's License #: _____ State of Driver's License: _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Personal Email Address: _____

Signature: _____ Date: _____

**This information will be used for background screening purposes only and will not be used for any other purpose.*

One Source | Disclosure and Authorization Form | Sept 21, 2018



This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at <https://ecmp.nebraska.gov/DHHS-CR/>
More information can be found at: <http://dhhs.ne.gov/CentralRegistry>

Business/Organization Check:

ORGANIZATION/BUSINESS INFORMATION

Name:	Portal ID:
<input type="text"/>	<input type="text"/>

Organization/Business must provide Portal ID to access results.
Visit <https://ecmp.nebraska.gov/DHHS-CR/> to create a Portal ID.

INDIVIDUAL INFORMATION

First	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number:

Other names, such as a maiden name, former married name, or nickname.

Empty text box for other names.

Names and birthdates of your children and children who lived with you:

Empty text box for children names and birthdates.

All previous addresses at which you have resided (minimum City & State):

Empty text box for previous addresses.

Please release the following information to myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature:.

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)
1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:
a. Date of the alleged child abuse or neglect; and
b. The classification of the case pursuant to Neb. Rev. Stat. 28-720 (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)
1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:
a. Date of the alleged adult abuse or neglect; and
b. The classification of the case pursuant to Neb. Rev. Stat 28-376. (i.e., Agency Substantiated or Court Substantiated).

Signature of Individual/Guardian

Date

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by:

Printed Name of Individual/Guardian

Affix Official Notary seal here

Notary Public

Instructions: Mail completed form to :

DHHS Accounting
P.O. Box 94906
Lincoln, NE 68509

Amount: \$2.50 Per Release Form whether both Central Registries are marked or only one Payment: Only Check or Money Order accepted. No cash. Make checks payable to "Department of Health and Human Services" Note: If your Release Form is sent back as Incomplete, another payment of \$2.50 is required