CASA
SECURITY CLEARANCE REQUEST

THE INFORMATION ON THIS FORM WILL BE USED TO CHECK LAW ENFORCEMENT RECORDS FOR POSSIBLE LAW VIOLATIONS WHICH WOULD PROHIBIT OR AFFECT YOUR CONSIDERATION TO BE A VOLUNTEER FOR THE DOUGLAS COUNTY COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM. Information on this form may be released only to authorized staff of the Seventh Judicial District Program.

Date of Application _____

Full Name: _____
Last First Middle

Maiden Name: _____

Other last names used _____

Other first names used _____

Current Address _____
Street Address

_____
City State Zip

Date of Birth: _____ Sex: _____ Race: _____

Place of Birth _____ Social Security #_____
City and State

Driver's License # _____

State of Issuance _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

I authorize Douglas County CASA, Inc. to make such investigations and inquiries of my personal, employment, financial, medical history, criminal record, police reports and records, and other relative matters as may be necessary to arrive at a decision concerning my volunteer status. I hereby release employees, law enforcement agencies, schools, or other persons from all liability in responding to inquiries in connection with my application.

Date: _____ Signature: _____