

**AUTHORIZATION FOR A CRIMINAL BACKGROUND RECORDS CHECK**

CASA APPLICANT: Please complete this information sheet and submit it with your application for volunteer work with CASA of Linn County, Inc. The existence of a criminal record will not necessarily disqualify you from volunteering however any criminal record must be individually considered in regards to how it relates to the work you are expected to perform as a CASA volunteer.

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names You Have Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Are you currently charged with a crime? \_\_\_\_\_

If the answer to either of these questions is yes, please complete the remainder of this form, however if the answer is no, please sign and date this form.

Crime convicted of or charged with: \_\_\_\_\_

Date of conviction or arrest: \_\_\_\_\_

City & State of the conviction, charge, or arrest: \_\_\_\_\_

Court where the conviction was entered or the case is currently pending:  
\_\_\_\_\_

Did you undergo any treatment program as a result of your conviction, charge, or arrest? \_\_\_\_\_

Date of Completion: \_\_\_\_\_

In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I understand that the Court Appointed Special Advocate Program or its agent will investigate my criminal history. I further understand that any misrepresentation on this criminal history background authorization may be cause for disqualification of my application or dismissal from my volunteer work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_