

# CASA of Harrison County Employee/Advocate Application



CASA OF HARRISON COUNTY  
47 Maples Drive  
Gulfport, MS 39507  
228-865-7078

## Employee/Advocate Personal Information

Name:	Date of Birth:
Home Address:	Phone Number:
City, State, Zip:	Drivers License Number:
Maiden Name or Alias:	Social Security Number:
Spouse Name:	Email Address:
List addresses in the past ten years:	

## OCCUPATION

Employer:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Work Phone Number:
City, State, Zip:	How long have you been at this employment:
Briefly describe your roles and responsibilities:	

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### EDUCATION

What is your HIGHEST level of education?

Are you currently attending school?     Yes     No

If yes, are you    Full time    Part time?

Do you fluently speak another language     Yes     No?

If yes, please specify:

### REFERENCES *(No family members please)*

Name	Address	Phone Number	Relationship

### COMMITTEE INTERESTS

Which committee(s) will you be interested in chairing or serving on?

<input type="checkbox"/> Marketing and Public Relations	<input type="checkbox"/> Volunteer Training & Recruitment
<input type="checkbox"/> Finance	<input type="checkbox"/> Long Range Planning
<input type="checkbox"/> Mardi Gras Parking	<input type="checkbox"/> Super Hero 5k Run
<input type="checkbox"/> CASA-tune	<input type="checkbox"/> P'CASA
<input type="checkbox"/> Christmas Gift Wrapping	<input type="checkbox"/> Other:

Briefly explain what role you believe society should play in:

A.) protecting the rights of children

B.) helping a family overcome hardships and remain living together as one unit

Briefly explain what led you to apply to CASA and what you hope to benefit from the board member experience.

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## AUTOBIOGRAPHY

To help CASA of Harrison County staff know you better, please write a brief autobiography:

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I understand that the information requested in this application will be used only for the purpose of determining my

I understand by accepting a CASA of Harrison County employment or child advocacy position I will adhere to the following Code of Ethics:

1. I agree to abide by both National and Harrison County CASA standards and all laws and regulations governing their activity.
2. I will uphold the credibility and dignity of the CASA concept by conducting business in an honest, fair, professional and humane manner.
3. I will not use my authority inappropriately, nor condone any illegal act or unethical practices related to CASA of Harrison County, nor use CASA of Harrison County for personal gain.
4. I will avoid any action that could adversely affect the confidence of the public in the integrity of CASA of Harrison County.
5. I will serve and respond to requests without bias because of race, religion, sex, age, national origin or disability.
6. I will respect a child's inherent right to grow up with dignity and in a safe environment that meets the child's best interests.

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Applicant Signature

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Date

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Witness Signature

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Date

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## BACKGROUND CHECK AUTHORIZATION AND RELEASE

### ACKNOWLEDGEMENT

- \* All applicants will be required to complete an application, provide three references, and agree to a criminal
- \* By listing references, I understand that all three references will be contacted and asked to complete a form
- \* Any applicant found to have been convicted of and/or having charges pending for any Felony crime is not eligible to be a CASA employee or Advocate.
- \* Any applicant found to have been convicted of and/or having charges pending for any misdemeanor crime for

\* It is my intent to provide full and unfettered access to all information about me including but not limited to my background, reputation, work record, military records, education records, financial status, criminal history and/or arrest records.

I, the undersigned, do hereby authorize and direct any duly authorized representative of law enforcement, public safety or court agency to conduct a criminal records check and to release the results of said check to CASA of Harrison County. I further authorize and direct said agencies to provide CASA of Harrison County full and complete disclosure of any information, public or private, pertaining to myself or my employment as requested by CASA of Harrison County.

I, the undersigned, hereby release CASA of Harrison County and its authorized agents, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I, the undersigned, have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date