



CONFEDERATED TRIBES OF GRAND RONDE COMMUNITY OF OREGON

Community Court Programs
9615 Grand Ronde Rd.
Grand Ronde, OR 97347

Email: courtprograms@grandronde.org
Phone: 503-879-4623



THE CONFEDERATED TRIBES OF THE GRAND RONDE COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAMS VOLUNTEER SUPPLEMENTAL INTERNAL APPLICATION

Court Staff available if applicant needs help in completing this form.

Name: _____

Tribal Enrollment #: _____ Tribal Affiliation: _____

Date of Birth: _____ Social Security #: _____

Address: _____
Street or Mailing City State Zip

Phone: _____
Home Work Cellular

E-Mail Address: _____

Driver's License Number: _____ Issuing State: _____

Suspended? Y N If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____
Street or Mailing City State Zip

Phone: _____
Home Work Cellular

AVAILABILITY

Would you be available evenings? Y N

Would you be available Saturday or Sundays? Y N

Please indicate which days/time you are unavailable: _____



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Please describe any experience you have had which relates to the care of children. (e.g. child advocacy, adoption, family care, foster care, etc.):

Why do you want to serve as a Tribal Court CASA Volunteer?

Have you served on any other boards or committees? Yes No If yes, please list below:

A large part of the purpose of the CASA program is to connect children in care with Tribal customs, traditions, events etc. Please describe your experience or involvement, both past and present, with Tribal customs, traditions, events, etc.:

MILITARY SERVICE: Have you ever served in the US Military? Yes No

Branch of Military / Rank	Dates Served	Discharge Status
	From: To:	



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EDUCATION:

	Name and Location of School	Course Major Studied	Years Completed	Diploma / Degree
High School			9 10 11 12 or GED	
College/University			1 2 3 4	
Graduate College/University			1 2 3 4	
Trade / Business / Correspondence or Other Education			1 2 3 4 5 6 7 8	

Did you attend under any other name? Yes No

If yes, please list name(s): _

Specialized, work-related training, seminars, licenses, certifications, apprenticeships, memberships, or qualifications:

EMPLOYMENT HISTORY: Beginning with last or current employer, list all past employment (attach additional sheets if needed) include self-employment, and period of unemployment.

1)

Name of Employer		Employed Dates:	From:	To:
Address:		Job Title		
Phone Number:		Reason For Leaving:		

Description of Duties:



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2)

Name of Employer		Employed Dates:	From: To:
Address:		Job Title	
Phone Number:		Reason For Leaving:	

Description of Duties:

3)

Name of Employer		Employed Dates:	From: To:
Address:		Job Title	
Phone Number:		Reason For Leaving:	

Description of Duties:

REFERENCES: Please list three references (no more than one relative reference):

1)

Name:		Relationship:	
Address:		Phone Number:	

2)

Name:		Relationship:	
Address:		Phone Number:	

3)

Name:		Relationship:	
Address:		Phone Number:	



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RESIDENTIAL HISTORY (for the last 10 years): The purpose of collecting this information is to obtain the most complete information possible about an applicant to assist the Program in conducting background checks.

1)

Address:		Time Lived There	From: To:
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2)

Address:		Time Lived There	From: To:
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3)

Address:		Time Lived There	From: To:
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4)

Address:		Time Lived There	From: To:
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5)

Address:		Time Lived There	From: To:
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I understand that by signing this application I am giving full unconditional consent to the Tribal Court to conduct a county criminal records check, state criminal records check, FBI or other national criminal database check, National sex offender registry, child abuse registry or child services check, and Social Security number verification. Any applicant found to have been convicted of, or has charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA Program's credibility may not serve as a CASA volunteer. I understand that my application does not insure appointment as a Tribal Court CASA Volunteer. I understand that if selected, I must complete orientation and continued training established and directed by the Court. I understand I will swear or affirm to the Court, under oath, that I will perform my duties as required, and will keep confidential the information received during the course of my work as a Tribal Court CASA Volunteer. I also understand that if I violate my duties, or my duty of confidentiality, I will be subject to sanctions, including removal.

Printed Name

Signature

Date



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The Confederated Tribes of Grand Ronde

9615 Grand Ronde Road
Grand Ronde, OR 97347-9712

AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **THE CONFEDERATED TRIBES OF GRAND RONDE** and **STERLING VOLUNTEERS**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for admission to the **CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON TRIBAL COURT PROGRAM-CASA**. I understand and consent to an investigation that is limited to criminal record history information, motor vehicle driving history, human services inquiry for child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **THE CONFEDERATED TRIBES OF GRAND RONDE** and **STERLING VOLUNTEERS**, regardless of any previous agreement to the contrary.

I hereby, discharge, exonerate, indemnify and hold harmless the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives, Sterling Volunteers, its agents and representatives, and any person lawfully furnishing information from any and all liability of every nature and kind, all claims, damages, losses and expenses, including reasonable attorney fees, arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives.

APPLICANT'S FULL NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER STATE

APPLICANT'S SIGNATURE

DATE