



Pickaway and Hocking County CASA
Division of Pickaway Co. Juvenile Court
Division of Pickaway Co. Juvenile Court
207 South Court Street
Circleville, Ohio 43113
740-420-2906 800-474-TEEN #239
Fax 740-474-8451
E-mail: pickawaycasa@yahoo.com

For Office Use Only:

| | |
|----------------------------|----------------------|
| Date Rec'd _____ | PCDJFS Check _____ |
| Date Refs Sent _____ | BCI CHECK _____ |
| Refs Rec'd 1 _____ 2 _____ | 3 _____ |
| Sheriff Check _____ | Interview Date _____ |

PLEASE RETURN THE COMPLETED APPLICATION AND SIGNED RELEASE OF INFORMATION TO THE CASA OFFICE.

CASA VOLUNTEER APPLICATION FORM

PLEASE PRINT OR TYPE

TODAY'S DATE _____

Name _____
Last First Middle

Date of Birth _____ Social Security No. _____

Home or Mailing Address _____
Street City Zip

Prior addresses for last 5 years & dates at each address: _____

Phone (Home): _____ Phone (Work) _____ Phone (Cell) _____

E-Mail (Home) _____ E-Mail (Work) _____ I don't have E-Mail

May we call you at work? _____ May we e-mail you at work? _____

Employer _____ How Long? _____

Brief Description of Work _____

May we phone you at work? Yes No

Emergency Contact Name _____

Relationship _____ Telephone No. _____

List any health problems or handicaps you have which should be taken into account _____

Do you have access to a computer? Yes No

Have you ever been convicted of a crime Yes No
(A conviction will not necessarily bar you from acceptance into this program)

Do you hold a valid driver's license Yes No

Do you have access to a car Yes No

Are you willing to travel Yes No

Do you have Auto Liability Insurance Yes No

If yes, with which company _____

How did you learn about CASA?

PLEASE LIST THREE REFERENCES:

Please submit professional references only. Do not include family members as references

PLEASE ALERT REFERENCES WE WILL BE CONTACTING THEM SOON AND NEED A PROMPT REPLY

Name _____ Relationship _____

Address: _____

Home Phone _____ Business Phone _____

Name _____ Relationship _____

Address: _____

Home Phone _____ Business Phone _____

Name _____ Relationship _____

Address: _____

Home Phone _____ Business Phone _____

RELEASE OF INFORMATION

I hereby give my informed consent to the Pickaway County Juvenile Court, and the Hocking County Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which include my past and present employers. I further authorize police checks, Bureau of Criminal Investigation checks, National Background Checks, and child(ren) protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL Volunteer and may be shared with other CASA programs, if appropriate. I further understand that Ohio law may require additional background checks on me in the future to remain a CASA/GAL Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL Volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in the selection of CASA/GAL volunteer will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age, if at least 21 years of age, or marital status.

I understand that Pickaway County Juvenile Court and Hocking County Juvenile Court reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a child protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

Print Name _____ Social Security # _____

Date of Birth _____

Signature _____

Date _____