

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 DA	TODAY'S DATE	
Name				
Last	First	Middle		
Date of Birth		Social Security No		
Home or Mailing Addr	ess			
	Street	City	Zip	
)Phone		
E-Mail (Home)	E-Mail(Work)I don't	: have E-Mail	
May we call you at wo	rk?	May we e-mai	l you at work?	
Employer		How Long?	How Long?	
Brief Description of W	ork			
p p				

May we phone you at work? Yes No

Education Completed: High School	l Some (College	2 Yr. Degree	4 Yr. Degree	Post Grad
Education (Include all education, inclu	ıding Maj	or & Miı	nor Fields of St	udy)	
Do you currently volunteer in any cap	oacity? Ye	es	No		
Your Children		Name	2		Age
Personal Interests & Hobbies					
Past Volunteer/Paid Experience					
Was this experience with youth?	Yes	No			
With Juvenile Justice System?	Yes	No			
Have you ever applied to or volunteer	ed for and	other CA	ASA program?	lf yes, what co	unty?
Do you currently volunteer in any cap	oacity?	Yes	No		
If yes, indicate position, agency and da	iys/hours	per wee	ek:		
List any specific skills/qualifications ye	ou have w	hich wo	uld be of value	to the program	n
Please check if you have any training o	or experie	nce in ar	ny of the follow	ing:	
Mental Health/Medical			Educatior	1	
Counseling/Psychology			Drug/Alo	cohol Abuse Pi	rograms
Child Development/Child Welfar	e		Social We		reement
Support Group/Facilitation Public Speaking			Art or Gr	ogy/Law Enfo aphics	rcement
Grant Writing/Fund Raising			Child Car	-	
Advertising/Public Relations/New	ws Media				

 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 (A conviction will not necessarily bar you from a	Yes acceptance into t	No his 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
	1
Home Phone	
Name	
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 _____

Revised Application 05/28/2013