



## INTERN APPLICATION

Today's Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Formal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

University/School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

College Advisor (include title, first and last names): \_\_\_\_\_

Advisor's Telephone #: \_\_\_\_\_ Advisor's Email: \_\_\_\_\_

Your Home Address (if different from School Address): \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Current Employment:  Full Time  Part Time  Not Employed

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

May we call you at work?  Yes  No May we Email you at work?  Yes  No

Email (Home): \_\_\_\_\_ Email (Work): \_\_\_\_\_

Education:  Freshman or First Year  Sophomore or 2nd Year  Junior  Senior  Graduate Program

Major Field of Study: \_\_\_\_\_ Minor Field of Study: \_\_\_\_\_

Full Time Student  PartTime Student Current Hours Carried: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

List computer skills/software in which you are proficient:

Are you fluent in a foreign language?  Yes  No Language(s): \_\_\_\_\_

Are you fluent in Sign Language?  Yes  No

List additional skills/ qualifications/experience of value to the CASA program:



How did you learn about a CASA internship? \_\_\_\_\_

How many hours per week can you work as a CASA intern?

Have you ever been Charged or Convicted of a crime?  Yes  No

If "Yes," list offenses, dates of each offense, and outcome(s):

Do you have history with a child protective services agency?  Yes  No

If "Yes," name County, State and explain circumstances:

Have you ever received or been recommended by a professional for treatment or counseling for drugs or alcohol?  Yes  No

Have you ever received or been recommended by a professional for treatment or counseling for for mental health, psychological or psychiatric issues?  Yes  No

\* \* \*

## LUCAS COUNTY CASA/GAL RELEASE OF INFORMATION

I hereby give my informed consent to the Lucas County Juvenile Court (LCJC) Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) department to complete a thorough investigation of my character and fitness to be a CASA/GAL Intern. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as an intern to references that I have provided, which may include my past and present employers. I further authorize FBI, state, and/or local police record checks, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child 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 intern.

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 interns will be such as to ensure that the individual is able to meet the responsibilities of a CASA/GAL intern. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 18) or marital status.

Applicant's typed \*SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\*By typing my name above and checking this box, I attest that I am the Intern Applicant and the Preparer of this document and all information contained herein is accurate and true.

Social Security Number: \_\_\_\_\_



**CASA Intern Applicant's Name:** \_\_\_\_\_

YES, you may send for my reference before the LCCS and background checks are received.

NO, wait for LCCS and background checks to be returned before sending out references.

**PLEASE DO NOT INCLUDE FAMILY MEMBERS AS REFERENCES**

**REFERENCE #1**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reference's EMAIL (*required*): \_\_\_\_\_ Telephone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCE #2**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reference's EMAIL (*required*): \_\_\_\_\_ Telephone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ Years Known: \_\_\_\_\_

**REFERENCE #3**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reference's EMAIL (*required*): \_\_\_\_\_ Telephone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ Years Known: \_\_\_\_\_

Please let your References know that CASA will be contacting them. Thank you.

**FOR OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_ Police Check: \_\_\_\_\_

Date Ref Sent: \_\_\_\_\_ CPS Check: \_\_\_\_\_

Interview Date: \_\_\_\_\_ SS Verify: \_\_\_\_\_

References Ret'd:  1  2  3

OR, if you have Internet email, SAVE form and send to: [casafoms@co.lucas.oh.us](mailto:casafoms@co.lucas.oh.us)