



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

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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