



**Lucas County Juvenile Court
Court Appointed Special Advocate (CASA) Department**

1801 Spielbusch Avenue, Toledo, Ohio 43604

Denise Navarre Cubbon, Administrative Judge

Connie Zimmelman, Judge

CASA Office Phone: 419-213-6753

Fax: 419-213-6785

Email: casaforms@co.lucas.oh.us

CASA/GAL APPLICATION

CASA trainees are required to attend all pre-service training classes. The dates were included in your training packet or you may find them by going to the Lucas County CASA website (www.casakids.net) Homepage and then clicking on the red 'Apply Here Now' button.

Are you able to attend all of the CASA pre-service training dates listed? ☐ Yes ☐ No ☐ Please contact me regarding this

Last Name: _____ First Name: _____ Middle Initial: _____ Nickname: _____

Have you been known by any other names or aliases? Yes No List: _____

Date of Birth: _____ Phone: _____ Cell: _____ Home Email: _____

Race/Ethnicity: ☐ African American ☐ Bi-Racial (AA/C) ☐ Caucasian ☐ Latino ☐ Multi-Racial ☐ Native American ☐ Other

Current Address:

How Long?

Address: _____ City: _____ State: _____ Zip: _____ Years? _____ Months? _____

Prior Addresses for Last Seven (7) Years:

Dates at Address (Year):

Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

May we call you at work? ☐ Yes ☐ No Work Phone: _____ Work Email (optional): _____

Employment: ☐ Full Time ☐ Part Time ☐ Not Employed ☐ Retired ☐ Seeking Employment ☐ Student

Name of Employer: _____ Job Title: _____

Briefly describe your work [job]
(length limited to box):

May we contact your employer for a reference? ☐ Yes ☐ No Supervisor's Name? _____ Phone? _____

How long have you held this job? Years? Months? Supervisor's Email? _____

Emergency Contact Information:

Emergency Contact Name: _____ Emergency Contact Phone: _____

Relationship to Emergency Contact: _____ Emergency Contact City/St: _____

Education: ☐ GED ☐ High School Grad ☐ Some College ☐ 2 Yr. Degree ☐ 4 Yr. Degree ☐ Post Grad

Major Field of Study: _____ Minor Field of Study: _____

Experience/Skills:

Describe your professional or volunteer experience with children (length limited to box):

Do you currently volunteer in any capacity? ☐ Yes ☐ No

If yes, indicate position and hours per week: _____

List any foreign language(s) or sign language skills: _____

Have you applied to or volunteered for another CASA program in Ohio, another state, or a U.S. Territory? ☐ Yes ☐ No

If yes, indicate which programs (provide all): _____

History:

Lucas County CASA actively seeks diverse volunteers from all walks of life. A criminal history may or may not prevent an applicant from being accepted. Acceptance as a CASA/GAL volunteer is determined on a case by case basis. Lucas County CASA reserves the sole right to determine which individuals are suitable to become CASA volunteers.

Have you ever been contacted by a child protective service agency? ☐ Yes ☐ No County: _____ State: _____

Are you currently or have you been a foster care provider? ☐ Yes ☐ No County: _____ State: _____

Do you have any history with a Juvenile Court system? ☐ Yes ☐ No County: _____ State: _____

Do you have any history with agencies offering services to children? ☐ Yes ☐ No Name of Agency: _____

If you checked 'Yes' to any of above, please explain circumstances and year(s):

Have you ever been charged or convicted of a crime or serious traffic offense (including OVI or DUI)? ☐ Yes ☐ No

If you checked 'Yes,' list charges/convictions & date(s):

Have you ever had a charge redacted or expunged from your criminal record?

Yes No

If yes, explain here: _____

Have you been a party to any type of protection order or no contact order? Yes No

If yes, list each order, date of order, length of time of order, and circumstances below:

Do you agree to report ANY future arrest to the CASA/GAL program director within 24 hours? ☐ Yes ☐ No

Personal:

All CASA volunteers must hold a valid driver's license and current automobile insurance (liability). Volunteers will be required to provide the CASA Office with a current driver's license and proof of current liability insurance.

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have valid auto insurance (liability)? ☐ Yes ☐ No Your auto insurance company: _____

Do you have access to a car? ☐ Yes ☐ No

Do you agree NOT to transport CASA children or their family members under any circumstances? ☐ Yes ☐ No

Do you have any health problems or disabilities? ☐ Yes ☐ No If yes, please name: _____

Have you ever received or been recommended by a professional for drug and/or alcohol treatment or counseling? ☐ Yes ☐ No

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

Are you currently in mental health or substance abuse therapy? ☐ Yes ☐ No

If yes, name of therapist, doctor or agency: _____

How did you learn about Court Appointed Special Advocates (check all that apply)? ☐ Bench Billboard ☐ Television

☐ Speaker (name): _____ ☐ Radio (station): _____ ☐ National CASA Assoc. ☐ Dr. Phil

☐ Website ☐ CASA Volunteer (name): _____ ☐ Friend (name): _____

☐ Other (please specify): _____

REFERENCES

Please list four (4) personal references. References from family members are NOT accepted. Personal letters are NOT accepted. Please provide only references with email addresses and inform your references that they will be sent an electronic Reference Form from the CASA Office by email.

CASA Applicants will be called for an interview AFTER at least three (3) References have responded to the CASA Office. If you would like to know the status of returned references, you may call the CASA Office.

Attorney Applicants need not fill in references. See box at bottom of page 'For Attorney/GAL Applicants Only.'

Reference #1 Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (*required*): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

* * *

Reference #2 Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (*required*): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

* * *

Reference #3 Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (*required*): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

* * *

Reference #4 Name: _____ Relationship to Applicant: _____ For How Long? _____

Reference's Email (*required*): _____ Reference's Preferred Telephone: _____

Reference's Street Address: _____ City: _____ State: _____ Zip Code: _____

* * *

For Attorney/GAL Applicants Only

Attorney Applicant Name: _____ Current Date: _____

Ohio Supreme Court Registration Number: _____ Years in Practice: _____

Name of Law Firm: _____ ☐ I am a Sole Practitioner

Work Mailing Address: _____

Preferred Email (*most communication will be via email, including notices*): _____

Work Phone: _____ Cell Phone: _____ Other Phone: _____ FAX: _____

Lucas County CASA/GAL

Release of Information



I hereby give my informed consent to CASA for Lucas County Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) program 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 may include my past and present employers. I further authorize FBI, national, 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. Child protective services agencies will be asked for information about any time my name appears in their records as an alleged perpetrator of child abuse or neglect. Also, child protective services agencies will be asked to share any additional relevant information where my name appears in their records. 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 departments of the Lucas County Juvenile Court and other CASA programs, if appropriate. I further consent to additional, future background checks on me 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 Volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL Volunteer and will not pose a risk to children or the program's credibility. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21) or marital status. I understand that Lucas County CASA/GAL reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers.

Applicants who refuse to sign this release, who omit important information, or who fail to complete this application accurately and honestly will not be considered for the Lucas County CASA/GAL program.

Applicant's Typed *SIGNATURE: _____

Date: _____

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

Preparer's Initials: _____

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

FOR OFFICE USE ONLY

Date Rec'd: _____ Police Check: _____ Postcard Sent: _____

Date Ref's Sent: _____ CPS Check: _____

Date in Log: _____ Soc Sec Verify: _____

Interview Date: _____ Ref's Rec'd: ☐ 1 ☐ 2 ☐ 3 ☐ 4