



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

1801 Spielbusch Avenue, Toledo, Ohio 43604
Denise Navarre Cubbon, Administrative Judge
Linda M. Knepp, Judge
CASA Office Phone: 419-213-6753
Fax: 419-213-6785
Email: casaforms@co.lucas.oh.us

CASA/GAL APPLICATION

CASAt trainees are required to attend all pre-service training classes. The dates were included in the response to your request for information or you may find them by going to the Lucas County CASA website (www.casakids.net) and click on "Volunteer Resources" then "Pre-Service Training".

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

Last Name: _____ First Name: _____ M.I.: _____ Nickname: _____

Your pronouns: He/His She/Her They/Them Other: _____ Date of Birth: _____

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

Phone: _____ Cell: _____ Home Email: _____

Race/Ethnicity: *Lucas County CASA actively seeks diverse volunteers from all walks of life.* Alaska Native
African American Asian Caucasian Latino Multi-Racial Native American Other

Current Address: _____ **From:** _____ **To:** _____

Street Address City State Zipcode Mo./Year Present

Prior Addresses for Last Seven (7) Years: *(If more than three prior addresses, please attach additional page.)* **From:** _____ **To:** _____

Street Address City State Zipcode Mo./Year Mo./Year

Street Address City State Zipcode Mo./Year Mo./Year

Street Address City State Zipcode Mo./Year Mo./Year

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

Name of Employer: _____ Job Title: _____

Briefly describe your work (*length limited to box*):

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

How long have you held this job? Years? _____ Months? _____

Emergency Contact Information:

Emergency Contact Name: _____ Emgcy. Contact Phone: _____

Relationship to Applicant: _____ Emgcy. 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: 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. **If in doubt, please call us to discuss your criminal record.**

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 involved in a domestic violence incident within the past two years? Yes No

Please note that applicants cannot have been involved in a domestic violence incident within the past two years to be accepted as a CASA volunteer.

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:

Personal: All CASA volunteers must hold a valid driver's license and current automobile insurance (liability). For those with no driver's license due to a medical disability, please call us. 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

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 list: _____

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 use disorder therapy? Yes No

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

How did you learn about CASA (Court Appointed Special Advocates)? [Check all that apply.] Billboard Facebook

CASA Volunteer (name): _____ Google Search Friend/Relative (name): _____

Ohio CASA Assoc. Nat'l. CASA Assoc. Newspaper (name): _____ Public Library

Radio (station): _____ Speaker (name): _____ Television

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 the Lucas County Juvenile Court (LCJC) 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 to decide 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 to ensure that each accepted applicant can 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 the LCJC CASA/GAL program 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 of Birth: _____

*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: _____

Social Security Number: _____

INSTRUCTIONS: After saving the completed application to your computer, you may send it by email to casafoms@co.lucas.oh.us, OR you may choose to send it by fax to 419-213-6785. Please include a copy of your driver's license and proof of current auto insurance. Also required is a hand-written signature of this page for certain background checks that will not accept an electronic signature (see page 5 and complete).

FOR OFFICE USE ONLY

Police Check: _____ Ack Sent: _____
Date Rec'd: _____ CPS Check: _____
Date Ref's Sent: _____ OH Sup. Ct. Ck.: _____ (if Atty.)
Date in CMgr: _____ Ref's Rec'd: 1 2 3 4

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Date

Applicant's Signature

Date of Birth

PRINT Full Legal Name

Social Security Number