

# 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 such 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
PRINT Full Legal Name

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