



## Montgomery County Juvenile Court Court Appointed Special Advocate Program

Please fill out all (5) pages completely including the Release of Information page.  
FAX to 937-224-3693 or mail to:

Montgomery County Juvenile Court CASA/GAL Program  
380 West Second Street 2<sup>nd</sup> Fl.  
Dayton, OH 45402  
937-225-5491

<b>For Office Use Only:</b>	
Date Rec'd _____	MCCS Check _____
Acceptance Letter _____	Postcard Sent _____
Ref's Cld <b>1 2 3</b>	
Police Check _____	Interview Date _____

### SECTION I – CASA/GAL APPLICATION

**PLEASE PRINT OR TYPE**

**DATE** \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Nametag \_\_\_\_\_  
(Prefer to be called)

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

Home Address \_\_\_\_\_  
(Number & Street) City State Zip Code

Have you lived in another state in the past 5 years?  \*Yes  No  
(\*If Yes, please list all previous addresses on page 3)

Phone # (Home) \_\_\_\_\_ Phone # (Work) \_\_\_\_\_ Mobile # \_\_\_\_\_  
E-Mail (Home) \_\_\_\_\_ E-Mail (Work) \_\_\_\_\_ I don't have E-Mail

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Employment Status  Full Time  Part Time  Retired  Not Employed  Student  
Employed by \_\_\_\_\_ How Long \_\_\_\_\_  
Work Hours \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact you at work?  Yes  No May we E-mail you at work?  Yes  No

Do you hold a valid Ohio Driver's License?  Yes  No

Are you willing to travel locally to make contacts and obtain information?  Yes  No

Do you have flexibility with day time work hours?  Yes  No

Have you been or are you currently a foster parent?  \*Yes  No

\*If Yes, with what Agency? \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Do you have a prior history with any Child Protective Services Agency?  \*Yes  No

\*If Yes, please list offense, nature of offense and dates of each offense \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved with the Juvenile Justice System?  \*Yes  No

\*If Yes, please describe involvement \_\_\_\_\_

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Have you applied to or been involved with another CASA/GAL program in Ohio or another state or U.S. territory? If so, which programs? \_\_\_\_\_

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Describe any volunteer or employment experience you have had working with children \_\_\_\_\_

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Have you ever been convicted of a crime related to children or involving violence?  \*Yes  No

\*If Yes, please describe involvement \_\_\_\_\_

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Statistical information required for grant purposes and to assist in matching a child's needs:

Ethnicity  African- American  Asian-American  Caucasian  Latino  
 Native American  Other \_\_\_\_\_  Unknown

Education  High School Graduate  GED  Some College  
 College Graduate (2 Yr. Degree or 4 Yr. Degree)  Post Graduate Degree  
Circle

Primary Language  English  Spanish  French  Signing  Other \_\_\_\_\_

Secondary Language  English  Spanish  French  Signing  Other \_\_\_\_\_

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Section II

**REFERENCE INFORMATION SHEET**

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

\*Please provide 3 non-relative references. If you are an attorney, you need not complete this reference information sheet.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Please alert references that we will be contacting them soon and a prompt reply would be appreciated.**

## RELEASE OF INFORMATION

I hereby give my informed consent to the Montgomery County Juvenile Court (MCJC), 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 include my present employer. I further authorize police checks, Bureau of Criminal Investigation checks, and children 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 Volunteer and may be shared with other CASA programs, if appropriate. I further understand that Ohio law may require additional background checks on me in the future 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. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age, if at least 21 years of age, or marital status.

Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a children protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child, endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

I understand that MCJC CASA/GAL Program reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers.

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_