



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 2nd Fl.
Dayton, OH 45402
937-225-5491

For Office Use Only:	
Date Rec'd _____	MCCS Check _____
Ref's Cl'd 1 2 3 _____	OPENonline Check _____
Interview Date _____	Acceptance Letter _____

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 _____

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? _____

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

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

*If Yes, please describe involvement _____

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 _____

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 _____

Email _____

Name _____ Phone # _____

Address _____ City _____ State _____ ZIP _____

Relationship to applicant _____

Email _____

Name _____ Phone # _____

Address _____ City _____ State _____ ZIP _____

Relationship to applicant _____

Email _____

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 past or present employer. I further authorize law enforcement checks, Bureau of Criminal Investigation checks, children protective services agencies history checks, and any and other federal, state, or local databases or information systems public or private including but not limited to Ohio Courts Network (OCN), ESORN, and BMV. 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 child 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 _____