



For Internal Use Only

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CASA OF FRANKLIN COUNTY VOLUNTEER APPLICATION

Court Appointed Special Advocates of Franklin County
373 South High Street, 15th Floor · Columbus, Ohio 43215 · (614) 525-7450 · (614) 525-5070 fax
www.casacolumbus.org

(Please type or print)

Volunteer position desired: CASA/GAL Special Events & Projects Speaker's Bureau
 CASA Board Diversity Team Other _____

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

If less than 5 years at this address, list previous addresses for the last 5 years: _____

Phone Number (Home): _____ Phone Number (Work): _____

Phone Number (Cell): _____ Email Address: _____

May we call you at work? Yes No

How often do you check email? Every day A few times a week Once a week or less

County in which you reside: _____ How long have you lived in Ohio? _____

In case of emergency, contact: _____

Phone Number (Home): _____ Phone Number (Work): _____

List educational background and training _____

Most Recent School Attended: _____

Highest Grade Completed: _____, Diploma or training certification should be submitted with this application.

Degree(s) or area(s) of study _____

CASA/GAL advocates must be 21 years old. Are you over 21? Yes No

Although much of the CASA/GAL volunteer time is flexible, court hearings and reviews occur during weekday mornings. Court hearings occur every 3-6 months. Will you be able to attend daytime court hearings? Yes No

Do you have a valid State of Ohio driver's license? Yes No

Do you have a reliable means of transportation? Yes No

Have you ever been charged, arrested or convicted of any crime in this state or another state or jurisdiction? Yes No

If yes, please detail (excluding minor traffic offenses): _____

Do you have any criminal charges pending at present? Yes No

If yes, please detail: _____

Do you have a pending custody or juvenile court case? Yes No

If yes, please detail: _____

List any Other Volunteer Activities: _____

REFERENCES

Please alert your references that we will be contacting them soon by mail and need a prompt reply. Do NOT include family members as references. Please list 4 complete references, at least one must be a professional reference.

1) Name: _____ Relationship: _____
Company/Organization: _____
Email Address: _____
Address (W or H): _____
City/State: _____ Zip: _____

2) Name: _____ Relationship: _____
Company/Organization: _____
Email Address: _____
Address (W or H): _____
City/State: _____ Zip: _____

3) Name: _____ Relationship: _____
Company/Organization: _____
Email Address: _____
Address (W or H): _____
City/State: _____ Zip: _____

4) Name: _____ Relationship: _____
Company/Organization: _____
Email Address: _____
Address (W or H): _____
City/State: _____ Zip: _____

How did you learn about CASA? _____

Have you applied to, or been involved with, another CASA/GAL program in Ohio, another state or a US territory?
Yes No

If so, which programs (provide all) _____

Why do you want to volunteer with CASA of Franklin County? _____

RELEASE OF INFORMATION

I hereby give my informed consent to Court Appointed Special Advocates (CASA) of Franklin County to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer or other program volunteer. I understand by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to the references that I provided. I authorize the investigation of my background through any law enforcement agency, local, state or national criminal records check process, sex offender registry and/or child protection services records check. I further authorize a background check in any local/county and state where I have resided in the past five years. 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 suitability to serve as a CASA/GAL Volunteer or other program volunteer and may be shared with other CASA programs, if appropriate. I further understand that program standards and/or Ohio law may require additional background checks on me in the future to remain a CASA/GAL Volunteer or other program 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 or program volunteer. I understand that CASA of Franklin County will reject any applicant who refuses to sign a release of information form or submit to other background checks as deemed necessary.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Print Name _____

Signature: _____ Date: _____

STATEMENTS OF AGREEMENT

CASA of Franklin County is committed to a policy of equal opportunity in accepting program volunteers.

I understand that criteria used in the selection of CASA/GAL Volunteers and other program volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL Volunteer or other program volunteer. No individual will be rejected because of race, ethnicity, nationality, gender, sexual orientation, religion, marital status, disability or age (must be 21 years of age to be a GAL Volunteer).

I understand that CASA of Franklin County reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers or other program volunteers and further understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the program and their ability to provide quality services to abused and neglected children, my services as a volunteer, or potential volunteer will be terminated.

I understand that individuals who have been charged, arrested or convicted of a felony, who have been charged, arrested or convicted of any criminal act involving drugs or alcohol within the past six (6) years and/or who have a history with a child protective service agency may not be accepted as a CASA/GAL Volunteer or other program volunteer.

I understand an individual who has been convicted of, or has charges pending for a felony or misdemeanor involving any sexual offense, child 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 or any other program volunteer.

I understand that the program will give consideration to an individual with a misdemeanor or felony that is unrelated to posing a risk to children or the credibility of the program based on the extent of rehabilitation and/or other factors since the time of the offense.

I submit that the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Print Name _____

Signature: _____ Date: _____