



**APPLICATION**  
**CASA for KIDS of Geauga County**  
 470 Center St. Building 5-C  
 Chardon, OH 44024  
 Office: 440-279-1699 · Fax: 440-285-2305  
 Email: [CASA@geaugacourts.org](mailto:CASA@geaugacourts.org)



**>>> PLEASE PRINT <<<**

<b>NAME:</b>		<b>DATE:</b>	
<b>ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>HOME PHONE#:</b>		<b>CELL PHONE#:</b>	
<b>PREFERRED NUMBER:</b>	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other _____
<b>EMAIL ADDRESS:</b>			
<b>SOCIAL SECURITY#:</b>		<b>DATE OF BIRTH:</b>	
<b>DRIVER'S LICENSE#:</b>	TYPE? <input type="checkbox"/> standard (regular) <input type="checkbox"/> CDL <input type="checkbox"/> commercial <input type="checkbox"/> extended <input type="checkbox"/> unlimited		
<b>D/L STATE:</b>	<b>D/L EXPIRATION DATE:</b>		
<b>MOTHER'S FULL NAME:</b>		<b>MOTHER'S MAIDEN [last] NAME:</b>	
<b>FATHER'S FULL NAME:</b>			
<b>CITY &amp; STATE OF [YOUR] BIRTH:</b>			
<b>&gt;&gt;&gt;&gt; PLEASE DOUBLECHECK TO MAKE SURE ABOVE INFORMATION IS ACCURATE &lt;&lt;&lt;&lt;&lt;</b>			

**In an emergency, please notify:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship:  Spouse  Other:

1) Describe your **current** commitments (Job, School, Family, Volunteer Work, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If enrolled in school, give name and course of study: \_\_\_\_\_

- 2) Have you applied to, or been involved with, another CASA/GAL program? If so, name program(s) and state: \_\_\_\_\_  
\_\_\_\_\_
- 3) Do you drive? \_\_\_\_\_ Do you have an automobile available to you? \_\_\_\_\_
- 4) Does anything prevent you from visiting the homes of families or from attending court hearings? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 5) Do you have a flexible schedule that will allow you to attend weekday court hearings, meetings, etc.?  
\_\_\_\_\_
- 6) Are you able to make weekday phone calls to service providers (i.e. teachers, therapists)?  
\_\_\_\_\_
- 7) Can you contribute at least 10-12 hours per month as a CASA volunteer? \_\_\_\_\_
- 8) To the best of your knowledge, are you able to make a 2 year commitment? This is the average length of our cases. \_\_\_\_\_
- 9) Have you ever been charged with a crime other than a minor traffic offense? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
If yes, what crime? \_\_\_\_\_
- 10) Have you ever been convicted of a crime other than a minor traffic offense? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
If yes, what crime? \_\_\_\_\_

*\*Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program's credibility will not be accepted as a CASA volunteer.*

- 11) List **past employment and training** (business/organization, years, brief description of work):

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- 12) List **educational background** (schools, universities attended, years, brief description of studies):

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2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### EQUAL OPPORTUNITY FOR VOLUNTEERS

*CASA for KIDS is committed to a policy of equal opportunity. The program will not discriminate against any volunteer applicant because of age, race, creed, color, sex, national origin, handicap or qualifying disability, religion, ancestry, veteran status, marital status, military status, or other unlawful basis. Compliance with this policy is the personal responsibility of all personnel, especially those whose duties are related to the acceptance of new volunteers into the program. CASA for KIDS retains the right to establish bona fide qualifications where necessary for the efficient performance of the CASA/GAL volunteer role.*

### AFFIRMATION AND RELEASE

I, \_\_\_\_\_, hereby affirm that all the answers provided on my volunteer application are true. By signing this application, I hereby authorize the CASA for KIDS of Geauga County to investigate my background to decide my fitness as a volunteer. I also grant permission to request information from and share information with other CASA/GAL programs. The background investigation will include a criminal record check, sex offender registry check, social security check, social services check, and a driving record check.

I understand that the information requested in this application and other information 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. Further, I understand that an applicant may be rejected, with or without cause, at the sole discretion of the Program Director.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed signed/dated application (6 pages) to:***

**CASA for KIDS of Geauga County · 470 Center St. Bldg 5-C · Chardon, OH 44024**

**>> Or, you may scan/email to: [CASA@geaugacourts.org](mailto:CASA@geaugacourts.org) or fax to: 440-285-2305**

## **RELEASE OF INFORMATION (CASA/GAL Volunteer Application)**

I hereby give my informed consent to the Geauga County Juvenile Court and 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 and present employers. I further authorize police checks, Bureau of Criminal Investigation checks (includes sex offender registry, local, state and national), social security verification, and children protective services agencies history checks and includes any other county/state I have lived in within the past seven 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 fitness and suitability to serve as a CASA/GAL Volunteer and may be shared with other CASA programs.

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.

I understand that if I refuse to sign this authorization or submit the required information or fingerprints for any background checks, my application will be rejected. I understand that background checks will be updated at least every four years, if I am accepted into the Geauga County CASA/GAL Program as a 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.

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

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## REFERENCE AND POLICE RECORDS AUTHORIZATION

I understand that as a result of making an application for employment or volunteer work, the Geauga County Probate/Juvenile Court, its officers, agents, representatives, or its duly authorized employees may request, and I also authorize and request, each former and each person, firm, or corporation which I have given as a reference to furnish any information that may be sought by the Court concerning me and my work, my talents, character, or skills, and I hereby waive my privileges and release the Court and all referring entities from any liability involved in providing this information.

I further authorize the Court, and its officers, agents, representatives, and its duly authorized employees to make any careful examination of my criminal record and driving record, and I release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information. I authorize the Geauga County Probate/Juvenile Court to forward my fingerprints to the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation for the purpose of obtaining any criminal records maintained on me. In addition, the Sex Offender Registry check will also be performed on all CASA for KIDS employees/volunteers.

I understand that any employment or position placement (including volunteers) by the Geauga County Probate/Juvenile Court will be contingent upon the result of any background check that I have authorized. I understand that false statements on my employment application will be cause for the refusal of employment or volunteer assignment or for termination after employment or volunteer assignment.

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Applicant's Name (please print)

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Applicant's Signature

.....  
Date

.....  
Address (street/apartment/unit)

.....  
City, State, Zip

.....  
Social Security Number

.....  
Date of Birth

.....  
Witness Signature

.....  
Date