



APPLICATION
CASA for KIDS of Geauga County
 470 Center St. Building 6-C,
 Chardon, OH 44024 440-279-1699



Name: _____ Date of Birth: _____

Address: _____

Preferred Phone Number: _____

E-Mail Address: _____

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

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

Have you applied to or been involved with another CASA/GAL program? If so, name program(s) and state: _____

Do you drive? _____ Do you have an automobile available to you? _____

Does anything prevent you from visiting the homes of families or from attending court hearings? If yes, please explain: _____

Do you have a flexible schedule that will allow you to attend weekday court hearings, meetings, etc.?

Are you able to make weekday phone calls to service providers (i.e. teachers, therapists)?

Can you contribute at least 8-10 hours per month as a CASA volunteer? _____

To the best of your knowledge, are you able to make a 2 year commitment? This is the average length of our cases. _____

Have you ever been charged of a crime? Yes* _____ No _____

If yes, what crime? _____

Have you ever been convicted of a crime? 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.***

THREE PERSONAL REFERENCES ARE REQUIRED

- Include full address (we mail a form to complete).
- If you perform volunteer work, one reference should be from your supervisor.
- If you are employed, one reference should be from your employer.

References may not be related to you, but should be people who know you well.

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: _____ Relationship: _____

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 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 application to:

**CASA for KIDS of Geauga County
470 Center St. Building 6-C
Chardon, OH 44024**