



GREENE COUNTY CASA

**Greene County Juvenile Court
Court Appointed Special Advocate Program
Judge Adolfo A. Tornichio
Greta McKenzie, CASA/GAL Director**

Please complete the three pages completely and sign the Release of Information Page. Use additional sheets as necessary.

Fax to (937)562-4039 or mail to:

Greene County CASA
2100 Greene Way Blvd.
Xenia, OH 45385
(937)562-4040
gmckenzie@co.greene.oh.us

Attention: Greta McKenzie, Director

FOR OFFICE USE ONLY:

Received: _____ Interview: _____
Ref sent: _____ Ref Rec'd 1 2 3
OPENOnline _____ ODJFS ck _____ Sexual Predator Reg _____
DL Copy _____ SSN Copy: _____

Section I: CASA/GAL Application

Please print or type

Formal Name: _____ Nametag: _____
(Last) (First) (Middle) (Prefer to be called)

Date of Birth: _____ Social Security Number: _____

Home Address: _____
(Number & Street) (City, State, Zip Code)

Prior Addresses for the last seven (7) years and dates at each address:

Phone- Home: _____ Phone- Work: _____ Mobile: _____

Email- Home: _____ Email- Work: _____ I do not have Email _____

May we call you at work? Yes ___ No ___ May we Email you at work? Yes ___ No ___

Current Employment: Full Time ___ Part Time ___ Not Employed ___ Retired ___ Student ___

Name of Employment: _____ Work Address: _____

(See next page)

How long have you had this job? _____ Supervisor: _____

Brief description of your work: _____

Have you been a CASA/GAL in another program? Yes ___ No ___

Education completed: High School ___ Some College ___ 2 Yr. Degree ___ 4 Yr. Degree ___ Post Grad ___

Education: (Include all education, including major and minor fields of study) _____

Emergency Contact– Name: _____ Relationship: _____

Address: _____ Phone: _____

List your volunteer or professional experience with youth or the courts: _____

Do you currently volunteer in any capacity? Yes ___ No ___

If yes, indicate position, agency, and days/hours per week _____

List any other skills/qualifications you have of value to the CASA Program: _____

Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services Yes ___ No ___

Foster Care Yes ___ No ___

Court system Yes ___ No ___

Other agencies offering services to children Yes ___ No ___

Please explain: _____

Have you ever been charged or convicted in a court of law? Yes ___ No ___

List offenses and date of each offense: _____

Do you hold a valid Ohio driver’s license? Yes ___ No ___

Do you carry auto insurance in accordance to Ohio law? Yes ___ No ___

Insurance company name: _____

Liability insurance: Yes ___ No ___ Property damage? Yes ___ No ___

Any health problems or disabilities? _____

How did you learn about CASA? _____

Why do you wish to participate in the CASA program? _____



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Section II: Consent Form

I hereby give my informed consent to the Greene County Juvenile Court, 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 by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references I have provided, which include my past and present employers. I further authorize National, State and Local criminal record checks, social security number check, sex offender registry check, child abuse central registry. I understand the information requested in this application, and other information which 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 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 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 the Greene 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 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 which 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 Number _____

Date of Birth: _____

Signature _____ Date _____

Section III: Reference Information Sheet

Your Name: _____ Date: _____

If you are an attorney, you need not complete this reference information. Please provide us with your Ohio Supreme Court Attorney Registration Number: _____

**Please alert your references that we will be contacting them soon and need a prompt reply.
Do NOT include family members as references.**

PLEASE PRINT CLEARLY

REFERENCE #1 Name: _____

Address: _____

(Street Number & Name)

(City, State, Zip Code)

Home Phone: _____ Business: _____

Other Phone: _____

How do you know this person? _____ How long? _____

REFERENCE #2 Name: _____

Address: _____

(Street Number & Name)

(City, State, Zip Code)

Home Phone: _____ Business: _____

Other Phone: _____

How do you know this person? _____ How long? _____

REFERENCE #3 Name: _____

Address: _____

(Street Number & Name)

(City, State, Zip Code)

Home Phone: _____ Business: _____

Other Phone: _____

How do you know this person? _____ How long? _____