



CASA OF MERCER COUNTY
101 N. Main Street, Suite #307, Celina, Ohio 45822

Name _____

Date of Birth _____

Address _____

Soc. Sec. # _____

city zip

Gender: ☐ M or ☐ F

Maiden Name

Race: _____

Employer's Address _____

Home Phone: _____

city zip

Bus. Phone: _____

Occupation _____

May you be called at work? ☐ Y ☐ N

Work schedule _____

Emergency Contact _____

List all addresses you have lived, other than
your present address on back (Adult life)

Emergency Phone # _____

Name of Spouse (if
Married) _____

Volunteer e-mail: _____

How did you hear of CASA of Mercer County:

Children:

Name

DOB: _____

DOB: _____

DOB: _____

Other members of Household

To what community/volunteer group do you belong? _____

Address _____ Phone _____

Offices currently held? _____

TRANSPORTATION

Do you have a valid driver's license? Yes ☐ No ☐ Driver's License #: _____

Is a car available to you? Yes ☐ No ☐

Insurance Co. _____ Liability Limits _____

Policy Number _____

EMPLOYMENT AND VOLUNTEER HISTORY

Previous volunteer work _____

Address _____ Phone _____

Job Description _____

Previous employer _____

Address _____ Phone _____

Job Description _____

EDUCATION/TRAINING/EXPERIENCE

High School Diploma Yes ☐ No ☐

Name of School and year graduated _____

College Diploma Yes ☐ No ☐

Name of College and years attended _____

College degree(s) held _____

Other educational/training programs completed _____

Do you have training and/or work experience in any of the following areas?

art/graphics _____

health care _____

child care _____

law enforcement _____

child development _____

mental health _____

counseling _____

news media _____

criminology _____

psychology _____

drug/alcohol abuse _____

public speaking _____

education _____

social work _____

writing _____

If yes, please describe _____

LEGAL HISTORY

Have you ever been arrested?

Yes ☐

No ☐

If yes, please explain _____

Have you every been involved in a juvenile court case (as an adult or child)? Yes ☐ No ☐

If yes, explain _____

Have you ever been the subject of a child abuse investigation? Yes ☐ No ☐

If yes, explain _____

PERSONAL REFERENCES

Please print names, addresses, zip codes, phone numbers of people who have known you for at least two years, who know you well and who can address themselves to how you relate to children/people in general, and how well you could fulfill the responsibility of a CASA. Please do not include relatives. The CASA program staff will contact the references you list.

Name _____ Relationship _____

Daytime phone _____ Length of acquaintance _____

Address _____

Name _____ Relationship _____

Daytime phone _____ Length of acquaintance _____

Address _____

Name _____ Relationship _____

Daytime phone _____ Length of acquaintance _____

Address _____

AFFIRMATION

I hereby affirm that all of the answers on this volunteer application for the CASA of Mercer County Program are true to the best of my knowledge. I hereby authorize the CASA of Mercer County Program to investigate my background and complete national, state and local background checks to determine my fitness as a potential CASA volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate and that any applicant found to have been convicted of or have charges pending for misdemeanors/felonies involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the program's credibility will be terminated from the CASA program. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child (or children) to whom I am assigned are under the court's jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive Director as soon as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss the contents of these materials only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

Date Signed

Signature of CASA applicant

Please also sign RELEASE OF INFORMATION on the next page and send this application to:

CASA of Mercer County, 101 N. Main Street, Suite #307, Celina, Ohio 45822

RELEASE OF INFORMATION

I hereby give my informed consent to the Mercer County Probate/Juvenile Court and Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) Program to complete a thorough investigation of my character and fitness to serve with the CASA of Mercer County program.

I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer or staff member 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 (7) 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 with the CASA/GAL program 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 part of the CASA program. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign from the CASA program.

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 CASA of Mercer County Program. I hereby agree to cooperate with such required checks and or investigations and to sign all necessary releases or resign from the CASA program.

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 and staff will be such as to ensure that each accepted applicant is able to meet the responsibilities. 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 CASA of Mercer County Program reserves the sole right to determine which individuals are suitable to become a volunteer or staff member of the CASA program. Individuals who have been convicted of, or have 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 program's credibility will not be accepted as a volunteer or staff member of the CASA program.

Print Full Name _____

Social Security # _____

Date of Birth _____

Signature _____

Date _____

FOR RESPONDING ORGANIZATION/AGENCY'S USE

Has your department had any contact with this individual? Yes_____ No_____, if possible, please explain on the back of this form.

Are there any active warrants for this individual? Yes_____No_____

Completed by:_____ Date:_____

Thank you for helping to screen volunteers who will be advocating for the Abused/neglected/dependent youth of Mercer County!

Approval Date:_____