

**CASA/GAL of Miami County, Inc.**  
**Volunteer Application Form**

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Name Date of Birth Phone Number

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Street Address E-mail Address

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City, State Zip Code Length of stay at this address

Employment History

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Currently Employed by Office Phone Number

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Employer's Address

Please attach a resume with your employment history

Formal Education (Highest level of school completed) and other training. Use separate page if needed.

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Current community activities

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Are you willing to commit to at least two (2) years of volunteer service?  Yes  No

Are you willing to volunteer 5-10 hours per month for your assigned case(s)?  Yes  No

As a CASA/Guardian ad Litem volunteer, you will be required to attend court hearings for the children for whom you are appointed. Will you be able to arrange your schedule to attend the hearings?  Yes  No

Do you drive?  Yes  No Do you have regular access to a car?  Yes  No

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

Have you been cited for any moving traffic violation in the past 10 years?  Yes  No

Have you had any traffic violations involving alcohol or drugs in the past 10 years?  Yes  No

Are you willing and able to travel locally to make contacts and obtain information?  Yes  No

Are you legally insured to operate a motor vehicle?  Yes  No



Have you had any personal experience involving:

Child welfare       Court system       Foster care       Child serving agencies

- If yes, in what way?

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How did you learn of CASA/GAL of Miami County?

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Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, type of charge	Date convicted	City, County, State of conviction
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Do you consent to a routine check of your criminal records?  Yes  No

Note: It is the policy of CASA/GAL of Miami County to reject an applicant who refuses to consent to a routine background check.

Can you think of any reason why a judge might be reluctant for you to serve as a CASA?  Yes  No

- If yes, please explain.

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Do you have a Professional License? ( ) Yes ( ) No  
- If yes,

Type of License \_\_\_\_\_ License # \_\_\_\_\_

Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of the legal profession or another profession? ( ) Yes ( ) No

Have you ever been the subject of any charges, complaints, or grievances concerning your conduct as a member of the profession, including any now pending? ( ) Yes ( ) No

Have sanctions ever been entered against you or have you ever been disqualified? ( ) Yes ( ) No

Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified from this profession? ( ) Yes ( ) No

Have you ever been terminated, suspended, censured, or otherwise reprimanded or disqualified in serving in this profession? ( ) Yes ( ) No

Have you ever been denied a license for business, trade, or profession? ( ) Yes ( ) No

If you answered yes to any of the questions above, please furnish a through explanation.

Please list three references of non-related people who know you well, preferably for whom you have worked in either a paid or voluntary capacity. Complete requested information in its entirety. Please print.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Please list all previous addresses and counties in which you have lived for the past five years.

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

I understand that CASA/GAL of Miami County reserves the right to make all investigative checks deemed appropriate as to the suitability of anyone responsible for this confidential work. The information requested in this application as well as information which might otherwise be obtained will be used only for the purpose of determining my suitability as a CASA/GAL volunteer. All information obtained will be held STRICT confidence.

I acknowledge that all information provided in this application is true and accurate to the best of my ability.

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Applicant's signature

Date

**RELEASE OF INFORMATION**

I hereby give my informed consent to **CASA/GAL of Miami County, Inc.** to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. 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 national, state and local background checks, a child protective services check and a sex offender registry check prior to my service as a CASA/GAL in the current county/state in which I live and work and any other county/state I have lived in within the past five years. I understand that if I refuse to sign this authorization or submit the required information or fingerprints for any of the background checks, my application will be rejected. 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, if appropriate. I further understand that background checks will be updated at least every four years. 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 **CASA/GAL of Miami County, Inc.** reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. 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 CASA/GAL program's credibility will be rejected. Applicants found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of the CASA/GAL program will be considered by the program in terms of the extent of rehabilitation since the misdemeanor or felony and any other factors that may influence the decision to accept the applicant. The program also reserves the right to reject any applicant convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a children's protective service agency.

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Return Application and Release of Information to:**

**CASA/GAL of Miami County, Inc.  
405 Public Square  
Suite 366  
Troy, OH 45373**

Questions? Call the office a 937-335-0209 or e-mail to [info@miamicountycasa.org](mailto:info@miamicountycasa.org)