

ATHENS COUNTY CASA/GAL PROGRAM
VOLUNTEER APPLICATION

Director: Rebecca Robison-Miller

Juvenile Court

1 S. Court Street

Athens, OH 45701

(740) 592-3255 - phone

(740) 594-2096 - fax

casagal45701@yahoo.com

Name: _____ Date: _____

Maiden Name: _____

Address: _____

Telephone: (H) _____ (W) _____

May you be called at work? _____ E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____

How long have you lived in Athens County? _____

If presently married, give husband's/wife's name and occupation:

Name: _____ Occupation: _____

Children:

Name	Date of Birth	Gender
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the Household:

Name	Relationship
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_____	_____
_____	_____

Prior Addresses (if current address is less than 5 years):

Education: (Please circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree(s): _____

Are you presently enrolled in school? _____ If yes, please name
school and course of study: _____

What is the current status of your health? _____

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

Have you had any automobile citations and/or accidents in the last five
years? _____ If yes, please list: _____

Do you have car insurance? _____

** Please provide a copy of your drivers license and most current insurance card with
application **

Have you ever applied to be a CASA in Athens County or any other county? _____

If so, please provide the date and where you applied:

What was your reason for leaving?

Have you or any members of your immediate family ever had any involvement with
Athens County Children Services or any other children services agency? _____

If yes, please explain: _____

Have you ever been arrested for a crime? _____ If yes, what charge?

Please give a brief statement explaining why you want to work with the CASA/GAL Program:

Do you have any prior knowledge regarding the subject of child abuse and neglect?

Work/Volunteer History (Please use another sheet if necessary)

1. Name and address of present or last employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

2. Name and address of next previous employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

3. Name and address of next previous employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

Please list other community activities and memberships in clubs, church, or other organizations: _____

Approximately, how much time can you contribute weekly as a CASA/GAL Volunteer? _____

Are there particular times when you are not available? _____

Do you have any training or experience in any of the following?

- | | |
|-----------------------------------|---------------------------------------|
| _____ Medicine | _____ Education |
| _____ Mental Health/Counseling | _____ Criminology |
| _____ Psychology | _____ Law Enforcement |
| _____ Drug/Alcohol Abuse Programs | _____ Advertising or Public Relations |
| _____ Child Development | _____ Child Care |
| _____ Writing | _____ Child Welfare |
| _____ Public Speaking | _____ Social Work |

If you answered yes to any of the above, please describe: _____

How did you learn about the CASA/GAL Program? _____

Please add any information that you feel may be beneficial in regards to being a volunteer for CASA/GAL:

REFERENCES: Please provide complete names, addresses, (including zip

codes), and phone numbers of three people who are not related to you:

1. Name: _____ Phone: _____

Address: _____

Relationship: _____

2. Name: _____ Phone: _____

Address: _____

Relationship: _____

3. Name: _____ Phone: _____

Address: _____

Relationship: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Athens County CASA/GAL Program to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL volunteer. Further, I understand that after a successful completion of my training, I will be expected to serve a minimum of one year in the CASA/GAL Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials. I will examine in my capacity as a volunteer Guardian Ad Litem. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise/

I also understand that I must return case files to the Athens County CASA/GAL Program office upon my discharge/completion of the case, as they are the property of the Athens County Juvenile Court.

Name (please print): _____

Signature _____ Date: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize a representative of the Athens County CASA/GAL Program to conduct an investigation on my background in conjunction with their official duties.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the Athens County CASA/GAL program.

I authorize Athens County Children Services and any other Child Protective Agency to report to the Athens County CASA/GAL Program as to the existence of any records they may have regarding myself and my family in their possession.

This release is executed by me and with full knowledge and understanding that the information to be obtained about me is for the official use of the Athens County CASA/GAL Program. I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print): _____

Signature: _____

Date of birth: _____ Social Security #: _____