

# Notice & Acknowledgement of Background Investigation

CHANGE A  
CHILD'S STORY.™



A criminal background check is required for employment or volunteering with the Athens CASA/GAL Program. This check into official public records will determine the existence or non-existence of any record of criminal convictions. Federal and state law provides that certain positions of employment or volunteering at Athens CASA/GAL Program are unavailable to individuals who have plead guilty and/or been convicted of criminal conduct, based on the nature of the criminal violation and/or the type of position being sought. Prior criminal convictions do not automatically preclude employment or volunteer eligibility.

Full Name: \_\_\_\_\_

AKA: \_\_\_\_\_

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Please provide the addresses of prior residences for the past 7 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Requesting Information:

Athens CASA/GAL Program

Results returned to:

1 S. Court Street, Athens, OH 45701

(740) 592-3255

[info@athenscasa.org](mailto:info@athenscasa.org)

Jenny Stotts, Executive Director

THE ATHENS CASA/GAL PROGRAM MAINTAINS THE RIGHT TO CONDUCT, EITHER THROUGH STATE EMPLOYEES OR THROUGH A THIRD PARTY, A CRIMINAL BACKGROUND CHECK OF ANY EMPLOYEE, VOLUNTEER OR APPLICANT. NONE OF THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DISCRIMINATE AGAINST ANY APPLICANT, VOLUNTEER OR EMPLOYEE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENETIC INFORMATION, RELIGION, AGE, DISABILITY OR MILITARY STATUS.

BY SIGNING THIS FORM, YOU AUTHORIZE THE ATHENS CASA/GAL PROGRAM AND/OR ITS DESIGNATED THIRD PARTY, INCLUDING OPENonline, LLC, PO Box 549 Columbus, OH 43216 (888) 381-5656, TO CONDUCT A CRIMINAL BACKGROUND CHECK. IN ADDITION, YOU ACKNOWLEDGE THAT ANY FALSE OR MISLEADING STATEMENT, OMISSION OR FAILURE TO DISCLOSE INFORMATION MAY DISQUALIFY YOU FROM EMPLOYMENT OR VOLUNTEERING OR, IF EMPLOYED OR A CURRENT VOLUNTEER, MAY RESULT IN DISMISSAL.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by OPENonline LLC, another outside organization acting on behalf of the Athens CASA/GAL Program, and/or Athens CASA/GAL Program itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athens CASA/GAL Program  
1 South Court Street  
Athens, Ohio 45701  
[www.athenscasa.org](http://www.athenscasa.org)