

Please print clearly and return the completed form to: Warren County CASA, 900 Memorial Drive, Lebanon, OH 45036

Phone: (513) 695-1356 Fax: (513) 695-2948

I am interested in volunteering for  CASA  Fundraising  Special Projects  Other: \_\_\_\_\_

How did you hear about Warren County CASA? \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Social Security number \_\_\_\_\_

I have lived in another county within the past five years:  yes  no  
(If yes, please list all previous addresses on page 5)

Home phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell number \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency phone \_\_\_\_\_

Gender  Female  Male Date of birth \_\_\_\_\_

Do you hold a valid driver's license?  yes  no

Are you willing to travel locally to make contacts and obtain information?  yes  no

*Please note: Any applicant found to have been convicted of, or having 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 Warren County CASA program's credibility will not be accepted as a volunteer.*

Are you willing to be subjected to the following background checks: FBI/BCI, local law enforcement, sex offender and ODJFS?  yes  no

Do you have any prior history with any Child Protective Services Agency? If yes, please explain:

Have you ever been charged with or convicted of any criminal offense? If yes, please explain:

Education/Degrees (or attach resume): \_\_\_\_\_

Employment History (or attach resume): \_\_\_\_\_

List any other volunteer experience you have and the length of time you volunteered: \_\_\_\_\_

Experience with youth, juvenile justice, family counseling, or related areas not listed above: \_\_\_\_\_

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**Experience:** Please tell us about any personal or professional experience you have with the following agencies and organizations. Please note, you are not required or expected to have any experience in these areas to be a CASA volunteer.

**Child Protective Agencies**  yes  no

If Yes, please explain:

**Foster Care**  yes  no

If Yes, please explain:

**Juvenile Court**  yes  no

If Yes, please explain:

**Other Child Service Agencies**  yes  no

If Yes, please explain:

**Child Abuse or Neglect**  yes  no

If Yes, please explain:

**Domestic Violence**  yes  no

If Yes, please explain:

**Mental Illness/Mental Health Treatment**  yes  no

If Yes, please explain:

**Why do you wish to participate in this program?**

**Do you have any special skills and interest that you think are applicable to your work as a CASA volunteers?**

**Describe your personal strengths:**

**What do you anticipate to be your most significant problem or weakness as a CASA volunteer?**

**Do you have any health concerns that may affect your volunteer performance? If so, please list any treatments (including medications) or hospitalizations for physical/mental or substance abuse issues that could affect your volunteer performance.**

Do you have a flexible schedule to be able to attend hearings/meetings and to make phone calls during the work day?

- yes                       no

Place of employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment status  Full time     Part time     Student     Not employed     Retired     Other

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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### Optional Information

*Warren County CASA recruits volunteers with the intent of broadening and expanding the volunteer involvement of the community. CASA/GAL volunteers will be recruited and accepted into the program without regard to gender, disability, age (over 21), race, national origin, marital status or sexual orientation. The sole qualification for volunteer acceptance will be suitability to perform the duties of the CASA/GAL volunteer position. The following information is used to target recruitment and statistical information regarding our volunteers.*

Ethnicity             African-American     Asian-American     Caucasian     Latino  
 Native American     Other                       Unknown

Education             Some high school     GED     High school             Some college             College  
 Post-graduate                       Other                       Unknown

Primary language     English     French     Spanish     Signing     Other

Secondary languages     English     French     Spanish     Signing     Other

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Provide 3 references and sign the release below. No relatives please.

**Professional/Business Reference**

Name: Y Mr. YMs. YOther \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Professional/Business Reference**

Name: Y Mr. YMs. YOther \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Personal Reference**

Name: Y Mr. YMs. YOther \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

I, \_\_\_\_\_ hereby give Warren County CASA permission to contact the above named references for the purpose of verifying my credibility to serve as a Warren County CASA volunteer.

Signed \_\_\_\_\_

Date \_\_\_\_\_

I waive my right to examine or review the information provided by the reference.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

Home address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ How Long \_\_\_\_\_

Home address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ How Long \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ How Long \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
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County \_\_\_\_\_ How Long \_\_\_\_\_