

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

Name Date of Birth Phone Number

Street Address E-mail Address

City, State Zip Length of stay at this address

Employed by Office Phone Number

Employer's Address

Emergency Contact Telephone Number

Brief description of work

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

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

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

Current community activities

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

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

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	Mailing Address	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 _____

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City _____ State _____ Zip _____
County _____

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City _____ State _____ Zip _____
County _____

Address _____ Apt # _____
City _____ State _____ Zip _____
County _____

RELEASE OF INFORMATION

I hereby give my informed consent to CASA/GAL of Miami County to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. I understand by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided. I further authorize police checks, Bureau of Criminal Investigations checks and Child Protective Service agencies history checks. By signing this application, I also grant CASA/GAL of Miami County permission to request information from and share information with other CASA/GAL programs. 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. 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.

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 reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a child protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

Applicant's signature

Date

Return application 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