

# Clinton County CASA

**Clinton County Juvenile Court  
Court Appointed Special Advocate Program  
Judge Chad L. Carey  
Kim Vandervort, CASA/GAL Director**

Please complete the application completely and sign the Release of Information Page. Use additional sheets as necessary.  
Fax to 937-383-1245 or mail to:

**Clinton County CASA  
46 S. South Street.  
Wilmington, OH 45177**

Attention: Kim Vandervort, Director

**FOR OFFICE USE ONLY:**

Received: \_\_\_\_\_ Interview: \_\_\_\_\_  
Ref sent: \_\_\_\_\_ Ref Rec'd 1 2 3  
OPENOnline \_\_\_\_\_ ODJFS ck \_\_\_\_\_ Sexual Predator Reg \_\_\_\_\_  
DL Copy \_\_\_\_\_ SSN Copy: \_\_\_\_\_

## **Section I: CASA/GAL Application**

*Please print or type*

Formal Name: \_\_\_\_\_ Nametag: \_\_\_\_\_  
(Last) (First) (Middle) (Prefer to be called)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City, State, Zip Code)

Prior Addresses for the last seven (7) years and dates at each address:

_____	_____
_____	_____
_____	_____
_____	_____

Phone– Home: \_\_\_\_\_ Phone– Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email– Home: \_\_\_\_\_ Email– Work: \_\_\_\_\_ I do not have Email \_\_\_\_\_

May we call you at work? Yes \_\_\_ No \_\_\_ May we Email you at work? Yes \_\_\_ No \_\_\_

Current Employment: Full Time \_\_\_ Part Time \_\_\_ Not Employed \_\_\_ Retired \_\_\_ Student \_\_\_

Name of Employment: \_\_\_\_\_ Work Address: \_\_\_\_\_

*(See next page)*

How long have you had this job? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of your work: \_\_\_\_\_

Have you been a CASA/GAL in another program? Yes \_\_\_ No \_\_\_

Education completed: High School \_\_\_ Some College \_\_\_ 2 Yr. Degree \_\_\_ 4 Yr. Degree \_\_\_ Post Grad \_\_\_

Education: (Include all education, including major and minor fields of study) \_\_\_\_\_

Emergency Contact– Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

List your volunteer or professional experience with youth or the courts: \_\_\_\_\_

Do you currently volunteer in any capacity? Yes \_\_\_ No \_\_\_

If yes, indicate position, agency, and days/hours per week \_\_\_\_\_

List any other skills/qualifications you have of value to the CASA Program: \_\_\_\_\_

Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services Yes \_\_\_ No \_\_\_

Foster Care Yes \_\_\_ No \_\_\_

Court system Yes \_\_\_ No \_\_\_

Other agencies offering services to children Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

Have you ever been charged or convicted in a court of law? Yes \_\_\_ No \_\_\_

List offenses and date of each offense: \_\_\_\_\_

Do you hold a valid Ohio driver's license? Yes \_\_\_ No \_\_\_

Do you carry auto insurance in accordance to Ohio law? Yes \_\_\_ No \_\_\_

Insurance company name: \_\_\_\_\_

Liability insurance: Yes \_\_\_ No \_\_\_ Property damage? Yes \_\_\_ No \_\_\_

Any health problems or disabilities? \_\_\_\_\_

How did you learn about CASA? \_\_\_\_\_

Why do you wish to participate in the CASA program? \_\_\_\_\_

(See next page)

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**Clinton County CASA  
46 S. South Street.  
Wilmington, OH 45177  
(937) 383-1137**

## ***Section II: Consent Form***

I hereby give my informed consent to the Clinton County Juvenile Court, Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) Program 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 I have provided, which include my past and present employers. I further authorize National, State and Local criminal record checks, social security number check, sex offender registry check, and child abuse central registry. I understand the information requested in this application, and other information which 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 Ohio law may require additional background checks on me in the future to remain a CASA/GAL volunteer. 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 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 the Clinton County CASA/GAL Program 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 children 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 which would pose a risk to children or to the program's credibility, will not be accepted as a CASA/GAL volunteer.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

### Section III: Reference Information Sheet

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you are an attorney, you need not complete this reference information. Please provide us with your Ohio Supreme Court Attorney Registration Number: \_\_\_\_\_

**Please alert your references that we will be contacting them soon and need a prompt reply.  
Do NOT include family members as references.**

**REFERENCE #1** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number & Name)

\_\_\_\_\_  
(City, State, Zip Code)

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Other Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

**REFERENCE #2** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number & Name)

\_\_\_\_\_  
(City, State, Zip Code)

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Other Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

**REFERENCE #3** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number & Name)

\_\_\_\_\_  
(City, State, Zip Code)

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Other Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_