

*Please print clearly and return form to CASA of Seneca, Sandusky and Wyandot Counties, 21 Court St., Tiffin, OH 44883  
Tiffin - Phone: 419-448-1442 Fax: 419-448-6663  
Fremont - Phone: 419-355-1442 Fax: 419-332-6414  
Upper Sandusky - Phone: 419-209-1442 Fax: 419-209-1443*

I am interested in volunteering for  CASA  Office Colleague  Fundraising  Special Projects  Other

How did you hear about CASA of Seneca, Sandusky and Wyandot Counties? \_\_\_\_\_  
\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Social Security Number \_\_\_\_\_

I have lived in another county in the last seven years:  yes  no  
*(if yes, please list all previous addresses on page 4)*

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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

Emergency Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

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

Have you or any household member ever been convicted of a crime related to children or involving violence?  yes  no

*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 CASA of Seneca, Sandusky and Wyandot Counties credibility will not be accepted as a volunteer.*

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

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

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

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

*Any applicant applying for a volunteer position with CASA of SSW who volunteered previously in another CASA program must complete, at a minimum: full application and background check, training regarding local court and laws, CASA of SSW program policies and procedures, investigation and report writing.*

Special skills/qualifications you feel would be of value to this program: \_\_\_\_\_

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 \_\_\_\_\_

Employment status     Full time     Part time     Student     Not employed     Retired     Other

Place of employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Suite/Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Extension \_\_\_\_\_

Work email \_\_\_\_\_ Work Fax \_\_\_\_\_

Are you willing to commit to two (2) years of volunteer service to CASA of Seneca, Sandusky and Wyandot Counties?

- Yes
- No

Are you willing to commit to completing the 30 – 35 hour pre-service training and a minimum of 12 hours in-service training each year?     Yes     No

Please list any prior involvement you or a member of your household have had with any children’s service agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a brief statement on why you have chosen to work with the CASA program at this particular time in your life. (Use additional paper and submit with application.)

*CASA of Seneca, Sandusky and Wyandot Counties 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 Degree         Post-graduate         Other                       Unknown

Primary language         English                       French                       Spanish                       Signing  
 Other

Secondary language         English                       French                       Spanish                       Signing  
 Other

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I, \_\_\_\_\_, hereby give CASA of Seneca, Sandusky and Wyandot Counties  
(Print name)  
permission to contact the above named references for the purpose of verifying my credibility to serve as a CASA of Seneca,  
Sandusky and Wyandot Counties volunteer.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

Your name at time of residence \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ When lived there? \_\_\_\_\_

Your name at time of residence \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ When lived there? \_\_\_\_\_

Your name at time of residence \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ When lived there? \_\_\_\_\_

Your name at time of residence \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ When lived there? \_\_\_\_\_

Any other names you have previously had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other counties you have previously lived in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND CHECK**

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 CASA program’s credibility is not eligible to be a CASA volunteer.

**AFFIDAVIT**

**State of Ohio SS:**

**County of \_\_\_\_\_**

I, \_\_\_\_\_, being duly sworn, do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of SSW, and any other agency they authorize, 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 my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of two years in the CASA 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 material I will examine in my capacity as a CASA volunteer. 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 if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

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

Sworn to me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. In the City of \_\_\_\_\_ County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
NOTARY  
My commission expires: