



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering with CASA of Cuyahoga County, a program of Child and Family Advocates of Cuyahoga County (CFACC). Our volunteers work closely with program staff, Juvenile Court staff and Jurists, and other individuals and agencies that serve the needs of abused, neglected, and dependent children. In every role, volunteers function under the same expectations as paid staff in terms of work attendance, dependability, adherence to established work procedures and compliance with professional standards of conduct. In turn, volunteers are assigned meaningful work. Acting as a CASA volunteer is a very rewarding experience.

**CASA Volunteer Requirements:** Be at least 21 years of age; have access to transportation; pass screening; complete pre-service training and 12 hours of continuing education training annually; respect and relate to people of various backgrounds; gather and record factual information accurately; communicate effectively, both orally and in writing; maintain objectivity/perspective; keep information confidential; work within established program policies and procedures and accept supervision from program staff.

**Directions:** Please type or print legibly and complete application in its entirety. After reviewing your application, you will be contacted to participate in an interview.

Mail application to:

Child and Family Advocates of Cuyahoga County  
**Attn: CASA of Cuyahoga County – CASA Application**  
9300 Quincy Avenue, 3<sup>rd</sup> Floor  
Cleveland, OH 44106

Or email the application to [info@cfadvocates.org](mailto:info@cfadvocates.org)

CASA VOLUNTEER APPLICATION – PERSONAL INFORMATION		
NAME		DATE OF BIRTH
ADDRESS	CITY/STATE	ZIP
EMAIL		PRIMARY PHONE
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE
ADDRESS	CITY/STATE	ZIP

DEMOGRAPHIC INFORMATION			
*GENDER	*RACE	*ETHNIC ORIGIN	EDUCATION
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> DO NOT WISH TO DISCLOSE	<input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> NATIVE AMERICAN/ALASKAN <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DO NOT WISH TO DISCLOSE	<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> VOCATIONAL SCHOOL <input type="checkbox"/> OTHER
EMPLOYMENT STATUS	CAREER TYPE		LANGUAGE
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> STUDENT	<input type="checkbox"/> ATTORNEY <input type="checkbox"/> BANKING <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> EDUCATION <input type="checkbox"/> GOVERNMENT/MILITARY <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> RETIRED <input type="checkbox"/> STAY AT HOME PARENT <input type="checkbox"/> TEACHER		<input type="checkbox"/> ENGLISH <input type="checkbox"/> SIGN <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <hr/> <hr/> <hr/>
HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?			
<input type="checkbox"/> AD <input type="checkbox"/> AGENCY <input type="checkbox"/> BROCHURE <input type="checkbox"/> CORPORATION/BUSINESS <input type="checkbox"/> EVENT <input type="checkbox"/> FLYER	<input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> INTERNET <input type="checkbox"/> MEDIA <input type="checkbox"/> MEETING <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> REFERRAL AGENCY	<input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> THETA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> WEBSITE <input type="checkbox"/> HOW SPECIFICALLY? _____ _____	

\*YOU ARE NOT OBLIGATED TO ANSWER THESE QUESTIONS; HOWEVER, THIS INFORMATION IS VALUABLE TO THE EVALUATION OF THE EFFECTIVENESS OF THE PROGRAM AND IN DETERMINING FURTHER NEEDS OF THE PROGRAM.

AVAILABILITY
Is there anything currently that would prevent a 2-year commitment to volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours per month are you available? ____ hours
Are you available during the hours of 8:30 AM to 4:30 PM, Monday through Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE ANSWER THE FOLLOWING**

1. Why do you want to become a Court Appointed Special Advocate (CASA)?
  
2. Have you been convicted of any felonies or misdemeanors?  Yes  No  
If so, please identify the case numbers for each case and explain the charges.
  
3. Has a referral ever been made to any children’s services agency alleging that you abused or neglected a child?  Yes  No If so, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, indicated, and state any other findings made.
  
4. Have you ever been arrested, indicted, or charged with any offense in any action that involved an abused, neglected, or dependent child, a violation of ORC 2919.25, or any sexually oriented offense?  
 Yes  No If yes, please identify the case numbers for each case and explain the charges.
  
5. What do you hope to get out of this volunteer experience?

**EMPLOYMENT** (PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

EMPLOYER	POSITION	DATE OF EMPLOYMENT	PHONE NUMBER
EMPLOYER	POSITION	DATE OF EMPLOYMENT	PHONE NUMBER
EMPLOYER	POSITION	DATE OF EMPLOYMENT	PHONE NUMBER

**EDUCATION**

SCHOOL	LOCATION	DEGREE	DATE RECEIVED
SCHOOL	LOCATION	DEGREE	DATE RECEIVED
SCHOOL	LOCATION	DEGREE	DATE RECEIVED

REFERENCES (A MINIMUM OF 3 REFERENCES REQUIRED)			
NAME	EMAIL	PHONE	
ADDRESS	CITY/STATE	ZIP	

NAME	EMAIL	PHONE	
ADDRESS	CITY/STATE	ZIP	

NAME	EMAIL	PHONE	
ADDRESS	CITY/STATE	ZIP	

NAME	EMAIL	PHONE	
ADDRESS	CITY/STATE	ZIP	

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHILD AND FAMILY ADVOCATES OF CUYAHOGA COUNTY BACKGROUND CHECK AUTHORIZATION FORM**

A criminal and civil background check is required for Guardians ad Litem and Court Appointed Special Advocate volunteers in Cuyahoga County Juvenile Court. This check into official public records will determine the existence or non-existence of any record of criminal convictions and civil actions.

Child and Family Advocates of Cuyahoga County maintains the right to conduct a national criminal and civil background check on any Cuyahoga County court Guardian ad Litem or Court Appointed Special Advocate applicant through a third party agency, Open Online LLC. None of the information provided on this form will be used to discriminate against any applicant on the basis of race, color, marital status, religion, sex, national origin, age (over 21), disability or genetics.

By signing this form, the applicant authorizes Child and Family Advocates of Cuyahoga County and/or its designated third party to conduct a criminal and civil background check. In addition, the applicant acknowledges that any false or misleading statement, omission or failure to disclose information may disqualify the applicant from serving as a Guardian ad Litem or Court Appointed Special Advocate in the Cuyahoga County Juvenile Court.

Any applicant 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 to the Child and Family Advocates of Cuyahoga County program's credibility is not eligible to be a Guardian ad Litem or Court Appointed Special Advocate.

By signing this form, the applicant acknowledges that if for any reason it becomes apparent that the applicant's activities are contrary to the policies, goals and/or philosophy of Child and Family Advocates of Cuyahoga County and its ability to provide quality services to abused and neglected children, the applicant's services as a Guardian ad Litem or Court Appointed Special Advocate may be terminated.

The applicant certifies that the statements on this application are true, complete and correct to the best of the applicant's knowledge. The applicant understands that falsification on this application can disqualify the applicant from consideration or can result in dismissal at a later time.

**Background Check Verification Information**

<b>Full Name</b> _____	<b>Maiden Name</b> _____
<b>Other Names</b> _____	<b>Other Names</b> _____
<b>Date of Birth</b> /     / _____	<b>Social Security #</b> -     -     _____

**Residence History: Provide complete addresses for U.S. residences during the last ten years**

Address	City	State/Zip Code	Dates From	To

*Attach additional sheet if needed*

Signature \_\_\_\_\_

Date \_\_\_\_\_

License/ID # _____	Verified By _____
<b>OFFICE USE ONLY</b>	