



VOLUNTEER APPLICATION

Thank you for your interest in working as a volunteer with CASA of Cuyahoga County. Our volunteers work closely with the CASA program staff, other Juvenile Court staff and Judges, 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. Thank you for your interest in CASA.

Volunteer Requirements: Be at least 21 years of age; have access to transportation; pass screening; complete 30 hours of pre-service training, complete 12 continuing education hours 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.

You can mail your completed application to:

CASA of Cuyahoga County
9300 Quincy Avenue, 3rd Floor
Cleveland, OH 44106

Or email at;
info@casacuyahogacounty.org

PERSONAL INFORMATION		
NAME		PRIMARY PHONE
ADDRESS	CITY/STATE	ZIP
EMAIL		DATE OF BIRTH
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 CASA?			
<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"/> UNK <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 8:30AM to 4:30PM, Monday through Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No

ESSAY QUESTIONS

1. WHY DO YOU WANT TO BECOME A CASA VOLUNTEER?

2. WHAT DO YOU HOPE TO GET OUT OF THIS VOLUNTEER EXPERIENCE?

EMPLOYMENT (PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT)

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

BACKGROUND CHECK

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 CASA/GAL program's credibility is not eligible to be a CASA/GAL volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA/GAL program and any law enforcement agency or third party service 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/GAL 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 one year in the CASA/GAL 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/GAL volunteer. I will discuss these matters only with those persons directly involved in the case or with those 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/GAL program and their ability to provide quality services to abused and neglected children, my services as a CASA/GAL 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.

Background Check Verification Information

Full Name:	_____	Maiden Name:	_____
Date of Birth:	____ / ____ / ____	Social Security #:	____ - ____ - ____
Current Address:	Street: _____ City: _____	State:	_____ Zip: _____
Previous Address:	Street: _____ City: _____	State:	_____ Zip: _____
Signature:	_____		
Date:	_____		

License/ID #:	_____	Verified by:	_____
OFFICE USE ONLY			