



Erie County CASA Program
Court Appointed Special Advocates/Guardian Ad Litem

141 East Water Street, Suite 208 • Sandusky, Ohio 44870 • (419) 621-0324 • Fax (419) 621-8788

Volunteer Application Form

Name _____
(Last) (First) (MI)

Permanent Address _____

City/State _____ Zip _____

How long have you lived at this address? _____ If less than 5 years, list previous

Address: _____

Home Phone (_____) _____ Email: _____

Current Employer: _____ Phone: _____

Job Description: _____ May we call you at work? _____

Work Hours: _____ SS#: _____

How did you learn about the CASA Program _____

Do you have a valid driver's license? _____ Do you have a vehicle? _____

Name of Insurance Company _____

Year of High School Graduation? _____ College Degree _____

College Major/Minor _____ Year of Graduation _____

Single _____ Married _____ Divorced _____ Widowed _____

Have you ever been involved with a case in any juvenile Court or through children services?

No _____ Yes _____

If yes, where and please explain _____

Have you had any personal or professional experiences involving

Child Abuse or Neglect: _____ Foster Care: _____ Court System _____

Children Services: _____ Other Agencies Offering Services to Children _____

If yes to any please explain _____

List all Current or Previous Community Activities:

List any experience working with children

Persons to Contact In Case of an emergency:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Any criminal charges and/or convictions other than Minor Traffic Violations and when they occurred.

List any CASA Programs you have applied to or have been involved with

List three references who have known you for a minimum of two years and can verify your character. Please do not list any relatives. Please include one previous employer.

1. Name: _____ Phone: _____

Address: _____

How long have you known this person and in what capacity _____

2. Name: _____ Phone: _____

Address: _____

How long have you known this person and in what capacity _____

3. Name: _____ Phone: _____

Address: _____

How long have you known this person and in what capacity _____

I hear by affirm that all the information on this volunteer application for the Erie County CASA Program are true to the best of my knowledge. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate. No one will be rejected because of age, gender, sexual orientation, race, ethnicity, nationality, disability, or religion. All provided information is confidential. Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or as long as the child (ren) to whom I am assigned are under the courts jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will notify the Erie County CASA Program in writing.

The Erie County CASA Program will reject 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 credibility of the Erie County CASA Program

By signing this application, I grant permission to request information from and share information with other CASA Programs. 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 suitability to serve as a CASA/GAL volunteer.

Signature: _____

Date: _____

