Lucas County Juvenile Court



Denise Navarre Cubbon

Administrative Judge

Susan DeAngelis, CRB Manager 419-213-6754

CITIZEN REVIEW BOARD APPLICATION

Today's Date:				
Name:				
Home Address:		Years Lived There:		
Cell Phone:	Work Phone:	Home Phone:		
Home Email:		Work Email:		
May we call you at wor	k? ∩Yes ∩No	May we Email you at work? O Yes O No		
Name of Employer:		Job Title:		
Emergency Contact:		Emergency Contact Phone:		
Education Post Grad Degree University/College(s): Do you have profession 	Undergraduate Degree Degree dealing with childe	□ Attended College □ High School Grad Degree(s) in: ren? ○ Yes ○ No		
List your professional experience with children:				
List community organizations to which you belong:				
Name other Boards on which you serve or have served:				

CASA/CRB ADVISORY BOARD APPLICATION

Are you able to make a 3	year commitment	to serve?	⊖Yes ⊖No		
Do you have two afterno	ons per month to v	olunteer or	n the CRB? OYes	s 🔿 No	
l prefer to serve on:] Tuesdays 🛛 🗍 T	hursdays	🗌 Either day w	'ill be fine	
Do you have history wit	h any child protectiv	ve services a	agency? 🔿 *Yes	s 🔿 No	
*If "Yes" please explain:					
Have you ever been con	victed in a court of I	aw?	`Yes ∩No		
*If "Yes" list offenses					
and dates:					
How did you learn of					
the Citizen Review Board (CRB):					
Why do you wish to become a Citizens					
Review Board member?					
	<u> </u>				
Is there anything else					
you would like us to know?					

please scroll down to next page

CASA/CRB ADVISORY BOARD APPLICATION

LUCAS COUNTY CASA/GAL RELEASE OF INFORMATION

I hereby give my informed consent to the Lucas County Juvenile Court (LCJC) Citizen Review Board (CRB) Department to complete a thorough investigation of my character and fitness to be a Citizen Review Board (CRB) member. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a Board member to references that I have provided. I further authorize FBI, state, and/or local police record checks, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child protective services agencies history checks.

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 fitness and suitability to serve as a Citizen Review Board (CRB) member.

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 Citizen Review Board (CRB) members will be such as to ensure that the individual is able to meet the responsibilities of a Citizen Review Board (CRB) member.

No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21) or marital status.

Appli	iant's typed *SIGNATURE:	Date:	
	*By typing my name above and chec document and all information conta	ing this box, I attest that I am the Applicant and the Preparer of this ned herein is accurate and true.	5
Date	of Birth:	SSN:	

CASA/CRB ADVISORY BOARD APPLICATION

Applicant's Name:

☐ YES, you many send for my reference before the LCCS and background checks are received.

□ NO, wait for LCCS and background checks to be returned before sending out references.

PLEASE DO NOT INCLUDE FAMILY MEMBERS AS REFERENCES

REFERENCE #1 Name:			
Address: Street:			
Reference's EMAIL (<i>required</i>):		Telephone:	
How do you know this person?		Years Known:	
REFERENCE #2 Name:			
Address: Street:			
Reference's EMAIL (<i>required</i>):		Telephone:	
How do you know this person?		Years Known:	
REFERENCE #3 Name:			
Address: Street:	City/State:	Zip Code:	
Reference's EMAIL (<i>required</i>):		Telephone:	
How do you know this person?		Years Known:	



Complete and SAVE this form to your computer. Then attach the completed form to an email addressed to: casaforms@co.lucas.oh.us

Application Rec'd in CASA Office: