



Lucas County Juvenile Court

Denise Navarre Cubbon, Administrative Judge
Robert Z. Kaplan, Esq., Board President



CASA/CRB ADVISORY BOARD APPLICATION

Today's Date: _____

Name: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Home Email: _____ Work Email: _____

May we call you at work? Yes No May we Email you at work? Yes No

Name of Employer: _____ Job Title: _____

Education

Post Grad Degree Undergraduate Degree Attended College High School Grad

University/College(s): _____ Degree(s) in: _____

Name other Boards on which you serve or have served?

List community organizations to which you belong:

What skills would you bring to the CASA/CRB Board?

Do you have fundraising experience? Yes No



CASA/CRB ADVISORY BOARD APPLICATION



Are you able to make a 3 year commitment to serve? Yes No

Do you have history with any child protective services agency? *Yes No

*If "Yes" please explain:

Have you ever been convicted in a court of law? *Yes No

*If "Yes" list offenses and dates:

How did you learn of the CASA/CRB Advisory Board:

On which Advisory Board committee would you be interested in serving?

- | | |
|---|---|
| <input type="checkbox"/> Nominating/Code of Regulations | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Special Events/Fundraising | <input type="checkbox"/> Volunteer Enhancement |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Any committee is fine |



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LUCAS COUNTY CASA/GAL RELEASE OF INFORMATION

I hereby give my informed consent to the Lucas County Juvenile Court (LCJC) Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) department to complete a thorough investigation of my character and fitness to be a CASA/CRB Advisory Board of Trustees 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 CASA/CRB Advisory Board of Trustees 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 CASA/CRB Advisory Board of Trustees members will be such as to ensure that the individual is able to meet the responsibilities of a CASA/CRB Advisory Board of Trustees 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.

Applicant's typed *SIGNATURE: _____ Date: _____

*By typing my name above and checking this box, I attest that I am the Applicant and the Preparer of this document and all information contained herein is accurate and true.

Date of Birth:

SSN:

Applicant's Name: _____

YES, you may 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: _____ City/State: _____ Zip Code: _____

Reference's EMAIL (*required*): _____ Telephone: _____

How do you know this person? _____ Years Known: _____

REFERENCE #2

Name: _____

Address: Street: _____ City/State: _____ Zip Code: _____

Reference's EMAIL (*required*): _____ Telephone: _____

How do you know this person? _____ Years Known: _____

REFERENCE #3

Name: _____

Address: Street: _____ City/State: _____ Zip Code: _____

Reference's EMAIL (*required*): _____ Telephone: _____

How do you know this person? _____ Years Known: _____



OR save and attach to an email
addressed to: casafoms@co.lucas.oh.us

Application Rec'd in CASA Office: