

Lucas County Juvenile Court



Denise Navarre Cubbon
Administrative Judge

Susan DeAngelis, CRB Manager
419-213-6754

LUCAS COUNTY
CITIZEN REVIEW BOARD

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 work? Yes No

May we Email you at work? Yes No

Name of Employer: _____ Job Title: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Education

Post Grad Degree Undergraduate Degree Attended College High School Grad

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

Do you have professional experience dealing with children? 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:

CITIZEN REVIEW BOARD APPLICATION

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

Do you have two afternoons per month to volunteer on the CRB? Yes No

I prefer to serve on: Tuesdays Thursdays Either day will be fine

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 Citizen Review Board (CRB):

Why do you wish to become a Citizens Review Board member?

Is there anything else you would like us to know?

please scroll down to next page

CITIZEN REVIEW 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.

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:

CITIZEN REVIEW BOARD APPLICATION

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: _____



Application Rec'd in CASA Office: