RELEASE OF INFORMATION

I hereby give my informed consent to the \_\_\_\_\_\_ County Juvenile Court and Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) Program to complete a thorough investigation of my character and fitness to serve with the \_\_\_\_\_\_\_\_\_\_\_\_CASA program.

I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer, staff, or board member to references that I have provided, which include my past and present employers. I further authorize police checks, Bureau of Criminal Investigation checks (includes sex offender registry, local, state and national), social security verification, and children protective services agencies history checks and includes any other county/state I have lived in within the past seven years.

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 with the CASA/GAL program and may be shared with other CASA programs.

I further understand that Ohio law may require additional background checks on me in the future to remain a part of the CASA program. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign from the CASA program.

I understand that if I refuse to sign this authorization or submit the required information or fingerprints for any background checks, my application will be rejected. I understand that background checks will be updated at least every four years, if I am accepted into the \_\_\_\_\_\_ County CASA/GAL Program. I hereby agree to cooperate with such required checks and or investigations and to sign all necessary releases or resign from the CASA program.

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/GAL volunteers, staff and board members will be such as to ensure that each accepted applicant is able to meet the responsibilities. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age, if at least 21 years of age, or marital status.

I understand that the \_\_\_\_\_\_ County CASA/GAL Program reserves the sole right to determine which individuals are suitable to become a volunteer, staff or board member of the CASA program. Individuals who have been convicted of, or have 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 program’s credibility will not be accepted as a volunteer, staff or board member of the CASA program.

Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_