



APPLICATION TO BECOME A CASA/GAL PROGRAM BOARD MEMBER

(Please Print)

Name: _____

Address: _____

Telephone #: (h) _____ (w) _____

Social Security No: _____

E-mail address: _____

May you be called at work? Yes ____ No ____

How long have you lived in Park or Sweet Grass County? _____

Date of Birth: _____ **Place of Birth:** _____

Marital Status: _____

If presently married, give husband's/wife's name and occupation:

Name: _____

Occupation: _____

Children:

| Name | Date of Birth | Gender |
|------|---------------|--------|
|------|---------------|--------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



Other Members of Household:

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

What is the current status of your health?

Your Education (circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Are you presently enrolled in school? Yes _____ No _____

If yes, name of school and course of study:

Work/Volunteer History (Use another sheet if necessary)

1. Name and Address of present or last employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____



CASA of Park and Sweet Grass Counties
P.O. Box 1827 • Livingston, MT 59047 • 406.222.4904
www.casajd6.org info@casajd6.org



2. Name and Address of next previous employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

3. Name and Address of next previous employer or volunteer project:

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

Please list your other current community activities and membership in clubs, church, other organizations:

When would you be available for Board meetings and service? Check times:

MON__TUE__WED__THUR__FRI__SAT__SUN__

Morning _____

Afternoon _____

Evening _____

Approximately how much time can you contribute weekly as a CASA/GAL Board Member?



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Do you have any training or experience in any of the following?

- Advertising, Public Relations, or News Media
- Art or Graphics
- Child Care
- Child Development
- Child Welfare
- Counseling
- Criminology
- Drug or Alcohol Abuse Programs
- Education
- Fundraising
- Grant writing
- Law Enforcement
- Medicine
- Mental Health
- Public Speaking
- Social Work
- Writing

For any areas of training expertise, please describe:



Have you ever been convicted of a crime? Yes___ No___

If yes, what charge? _____

Date of Arrest/Disp: _____ Where? _____

Can you think of any reason why the Judge might be reluctant to have you on the CASA/GAL Board? Yes ___ No ___

If yes, why?

Do you consent to a routine check of your criminal records locally and in any other area if you have not lived within this state for the past 7 years? Yes___ No___

Do you consent to a Child Protective Services check through the DPHHS office?
Yes___ No___

Do you consent to a National Background check through IntelliCorp , a company we hire, to do a Nationwide criminal check , social security verification and sex offender registry?
Yes___ No___

How did you learn about the CASA/GAL program?

Please attach a brief statement explaining why you want to be on the CASA/GAL Board of Directors.

Personal References (You will also be given forms for your references to complete and return.)

1. Name: _____

Address: _____

Telephone #: _____ Relationship: _____



2. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

In case of emergency, contact: _____

Telephone #: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my Board application are true. I hereby authorize the CASA/GAL Program to investigate my background to determine my fitness as a Board Member.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL Board Member.

Name (please print): _____

Signature

Date