

ABOUT US

Child and Family Advocates of Cuyahoga County (CFACC) is pleased to announce that it is accepting applications for a new Young Professionals Board (YPB), or group of 5-6 dynamic local professionals who may be seeking leadership or community service opportunities with at-risk youth, and who will be selected to serve in a non-governing capacity with CFACC.

The main role of this new board will be to serve as community-based ambassadors for the Court Appointed Special Advocate (CASA) program, which provides volunteer advocates for local children and youth vulnerable to abuse, neglect, dependency, and aging-out of the foster care system. The YPB will also provide advisory/practical assistance to the organization, such as marketing, community outreach and event planning.

Candidate Requirements:

- Employed College Graduate Ages: 22-35
- Submit an Application (Resume, References and Background Checks are Required)
- Complete the CASA Program Orientation
- Attend Quarterly Board Meetings and Program Events
- Actively Participate in Marketing, Event Planning, Community Outreach, and **Recruitment Activities**

Submission Options:

Mail: CFACC, 12200 Fairhill Road, Suite E193 Cleveland, OH 44120

Scan and eMail: info@cfadvocates.org

Mission: To make a difference for every child served through advocacy, education and collaborative alliances. Vision: Every child is seen, heard, and engaged, leading to permanency and hope.









YOUNG PROFESSIONALS BOARD APPLICATION

Thank you for your interest in serving on the Young Professionals Board at CFACC. Please complete the application below and attach your resume as indicated. Your application will be reviewed by the Board of Directors and you will be contacted by a board member for an interview. Please email info@cfadvocates.org with any questions.

ABOUT YOU			
Last Name	First Name	Mido	dle Name
Street Address			
Street Address 2			
City		State/Province	Zip Code
Date of Birth Pr	imary Number	Email Address	
EDUCATION AN	D EMPLOYME	NT	
Name of College/Univ	ersity	Major/Minor	Graduation Year
]	
City		State/Province	Zip Code
Name of College/Univ	rersity	Major/Minor	Graduation Year
City		State/Province	
City		State/Province	Zip Code



EDUCATION AND EMPLOYME	NT	
Name of Current Employer	Title or Position	
City	State/Province	Zip Code
Name of Previous Employer	Title or Position	
][J
City	State/Province	Zip Code
OPTIONAL INFORMATION Information regarding gender, ethnic origin requested for program report generation of Young Professionals Board. Gender Identity: Male Female		
Ethnic Origin: Hispanic Non-Hispa	nic Not Indicated	
Race (Choose One or More): White American Indian or Alaskan Native, Haw	Black or African Ame	
APPLICATION QUESTIONS		
How did you learn about Young Professiona	ls Board?	



APPLICATION QUESTIONS

Why are you interested in serving and what do you want to get out of the experience?
What skills, experiences and resources will you bring to the Young Professionals Board?
Please provide any previous experience working in a leadership capacity within a committee or organization?
What ideas do you have for supporting our mission - awareness events, fundraising events, networking, consulting, etc.?

REFERENCES (A MINIMUM OF 3 REFERENCES UNRELATED TO THE APPLICANT REQUIRED)					
NAME	EMAIL		PHONE		
ADDRESS		CITY/STATE	ZIP		
NAME	EMAIL		PHONE		
ADDRESS		CITY/STATE	ZIP		
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NAME	EMAIL		PHONE		
ADDRESS		CITY/STATE	ZIP		
		•	·		
NAME	EMAIL		PHONE		
ADDRESS		CITY/STATE	ZIP		

CHILD AND FAMILY ADVOCATES OF CUYAHOGA COUNTY BACKGROUND CHECK AUTHORIZATION FORM

A criminal and civil background check, including a sex offender registry check and children's services agency services check, is required for Court Appointed Special Advocate volunteers in Cuyahoga County Juvenile Court. This check into official public records will determine the existence or non-existence of any record of criminal convictions and civil actions.

Child and Family Advocates of Cuyahoga County maintains the right to conduct these background checks on any Cuyahoga County court Court Appointed Special Advocate applicant through a third party agency, Open Online LLC. None of the information provided on this form will be used to discriminate against any applicant on the basis of race, color, marital status, religion, sex, national origin, age (over 21), disability or genetics.

By signing this form, the applicant authorizes Child and Family Advocates of Cuyahoga County and/or its designated third party to conduct the necessary background checks initially in addition to a new background check every four years as required by National CASA Standards and grant funders. In addition, the applicant acknowledges that any false or misleading statement, omission or failure to disclose information may disqualify the applicant from serving as a Court Appointed Special Advocate in the Cuyahoga County Juvenile Court.

Any applicant convicted of or having 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 to the Child and Family Advocates of Cuyahoga County program's credibility is not eligible to be a Court Appointed Special Advocate.

By signing this form, the applicant acknowledges that if for any reason it becomes apparent that the applicant's activities are contrary to the policies, goals and/or philosophy of Child and Family Advocates of Cuyahoga County and its ability to provide quality services to abused and neglected children, the applicant's services as a Court Appointed Special Advocate may be terminated.

The applicant certifies that the statements on this application are true, complete and correct to the best of the applicant's knowledge. The applicant understands that falsification on this application can disqualify the applicant from consideration or can result in dismissal at a later time.

Background Check Verification Information

Full Name	Maiden Name	
Other Names	Other Names	
Date of Birth	Social Security #	



12200 Fairhill Road | Suite E193 ♦ Cleveland, Ohio 44120 216.296.3799 ♦ cfadvocates.org

OHIO'S SACWIS ALLEGED PERPETRATOR SEARCH

Child and Family Advocates of Cuyahoga County (CFACC) requires staff, volunteers, and board members to complete the OHIO SACWIS (Statewide Automated Child Welfare Information System) Alleged Perpetrator Search as part of our background and screening process. Ohio's SACWIS Registry is a confidential database containing allegations of reports of child abuse and neglect and the parties involved. This search confirms whether an individual has been named an Alleged Perpetrator for a Substantiated or Indicated report of child abuse or neglect. This check is required to be completed initially and every four years. CFACC will complete this search on your behalf. *Please complete the following form and return with a copy of your social security card and driver's license.*

Applicant Information				
First Name	Middle Name		Last Name	
Additional Names (including M	/aiden Name, pr	evious Married	Name(s), or Alias(es)	
Date of Birth (MM/DD/YYYY)	SSN			
Race ☐ White ☐ Black ☐ Native Hawaiian/Other Pac	☐ Asian ific Islander	☐ Hispanic ☐ I prefer no	□Alaska Native/Ar t to answer	nerican Indian
Gender □ Female □ Male				
Contact Details				
Home Phone Number	Cell Phone Nu	mber	Email Address	
Current Address				
Address		City	 State	Zip Code

Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
First, Middle, and Last Name	Date of Birth	Relationshi	p Living In Home?
		1	
		1	
I certify that the information provided	is true and correct to the	e best of my knowle	edge.



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OHIO'S SACWIS ALLEGED PERPETRATOR SEARCH CONSENT FORM

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Name of individual t	o be searched:	
First Name	Middle Name	Last Name
Alleged Perpetrator of the search to be I am competent to	Search is true and correct to conducted. I was given the opconsent to the search being of	that the information provided for the Ohio SACWIS the best of my knowledge. I understand the nature portunity to ask questions pertaining to this search. completed. I authorize the Ohio Department of Joba results to Child and Family Advocates of Cuyahoga
Signature		



REFERENCE FORM Applicant's Name: Reference's Name & Contact Information Name: Phone: Email:

	COTATIONA CO	JONII				
	ease rate your a Strongly Agree	nswers base 2 Agree	ed on the sca 3 Disagree	le below (Clic 4 Strongly Disa	k in box for selectingree 5 Unsure/Do	•
1.	I know the app □ 1	olicant well. □ 2	□ 3	□ 4	□ 5	
2.	The applicant (☐ 1	demonstrate	es an ability to	o be adaptab □ 4	le to various circu □ 5	mstances.
3.	The applicant o ☐ 1	demonstrate □ 2	es an ability to	o assume resp 4	onsibility. □ 5	
4.	The applicant o ☐ 1	demonstrate	es the ability t	to complete p	rojects and activit	ies.
5.	The applicant o ☐ 1	demonstrate □ 2	es the ability t	to handle con	fidential informatio □ 5	on.
6.	The applicant i ☐ 1	s able to ha □ 2	ndle stressful	situations in a □ 4	composed mann □ 5	er.
7.	The applicant i others.	s objective	and non-judç □ 3	gmental of the □ 4	behavior and/or	lifestyle of
8.	The applicant i ☐ 1	s respectful □ 2	of children a □ 3	nd their needs	S.	
9.	The applicant □ 1	has the abili □ 2	ty to stand up	o for children a	and promote their	best interest.

10. CASA volunteers work with children (infant to eighteen) that are alleged to I have been found to be abused or neglected. Do you feel the applicant is swork with these children? Why or why not?	
11. Do you know of any reason this may not be the right type of volunteer opport for this applicant?	rtunity
12. Is there anything in this individual's background that would disqualify him/he working with children or in the court system?	r from
I recommend this person to be a CASA volunteer:	
☐ Yes ☐ No, and why:	
Signature:	
Date:	