

CHELAN DOUGLAS COUNTY VOLUNTEER APPLICATION

Last Name	First Name	MI	Preferred Name	Date of Birth*	Ethnic Origin*
Social Security Number	Maiden Name	E-mail Address			
Home Address, City, State, Zip Code				Home Phone	
Emergency Contact:				Telephone Number:	
Other states lived in over past 10 years and dates:				Cell Phone	
Educational Background: ___AA ___BA ___BS ___PhD ___Other _____				How did you become aware of this program?	
Are you currently attending school? ___yes ___no Area of Study: _____					
Why do you want to become a CASA Volunteer?				Are you able to give 18 months commitment to the CASA Program ___Yes ___No	
When would you normally be available for volunteer service? Please check all that apply: () Mornings () Afternoons () Evenings () Weekdays () Weekends				Approximately how much time can you contribute weekly as a CASA/GAL Volunteer?	
Do you drive? ___Yes ___No. Valid driver's license number: _____ Date of Expiration: _____				List auto insurer and policy number: _____ _____	
Do you or any of your family members have any experience with the juvenile court/legal system or DCFS? If yes, please explain:					

* Voluntary information

Indicate paid/unpaid work history beginning with most recent:

1. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
3. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____
4. Company/Organization _____	Work Phone: _____
Position: _____	Dates: _____

Please list three non-relative references who have known you for at least a year:

Name	Address, including city/state	Zip	Phone

- May we contact your references? ___yes ___no
- We reserve the right to contact any other persons who may be known to you, and who you have not listed as a reference.

Do you speak any languages other than English? If so, what Languages?
Do you have any restrictions on your ability to drive?

Have you ever been appointed as a guardian ad litem (GAL) or CASA Volunteer in any county or state? Yes No

Have you ever been removed from a guardian ad litem registry pursuant to a grievance action? Yes No

If so, please indicate the name of the court and the cause number. _____

Is there a reliable phone number where a message may be left for you? Yes No _____



Are special accommodations needed to assist you in your role as a CASA Volunteer?

Why do you wish to become involved as a volunteer in this program?

Please describe life experiences which enhance your ability to advocate for children:

I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and information which might otherwise be obtained will be used only for the purpose of determining my suitability as a volunteer. All information will be held in strict confidence. No individual will be rejected because of race, color, creed, national origin, sex, sexual orientation, age, marital status or physical disability. I understand that this program will be doing criminal history checks.

Date

Applicant's Signature



Revised: 08/20/14

Approved: _____



Declaration and Release

Any applicant found to have been 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 the CASA Program's credibility; or refuses to sign any necessary Declarations and Releases, is not eligible to be a CASA Volunteer.

I, _____, hereby declare that all of the answers provided on this application are true. I hereby authorize the Chelan/Douglas CASA/GAL Program (hereafter, the CASA Program) to investigate my background to determine my fitness as a potential volunteer. I hereby consent to the release of information to CASA from any state or federal law enforcement agency, Washington State Department of Social and Health Services/Children's Administration and any and all references or other individuals identified by me in this application.

I understand that the information in this application will be used only for the purpose of determining my suitability as a CASA/GAL volunteer. By signing, I am not obligated to accept this volunteer position nor is the CASA Program obligated to assign me a case. Further, I understand that after the successful completion of my training and a determination by the CASA Program that I have met all other requirements, I will be expected to serve a minimum of eighteen months as a CASA Volunteer, and that I will submit my written resignation to the Executive Director with as much advance notice as possible if I cannot fulfill the eighteen month commitment. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials I will examine in my capacity as a CASA Volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. Any copy of this release form is considered as valid as the original.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the CASA Program and their desire to provide quality services to abused and neglected children, my services as a CASA Volunteer will be terminated. I submit that the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal from the CASA Program at a later time.

Name (please print): _____ Date: _____

Signature: _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTIES OF CHELAN AND DOUGLAS

Name: (Last, First, MI) _____ AKA: _____

DOB: _____ SSI#: _____ Ethnic Origin: _____

Ht: _____ Wt: _____ Hair Color: _____ Eye Color: _____

1. Have you ever been convicted of a crime against persons? _____

If yes, in which cities, counties and states? _____

Dates of convictions: _____

For purpose of this statement, under RCW 43.43.840, a crime against person means "a conviction of any of the following offenses: aggravated murder, first or second degree murder, first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first or second degree of robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault, sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted, exploited or physically abused any minor? _____



If yes, in which cities, counties and states? _____

Dates of convictions: _____

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited or physically abused any person?

If yes, in which cities, counties and states? _____

Dates of convictions: _____

4. Have you ever found in any disciplinary board final decision to have sexually abused, exploited, or physically abused any person?

If yes, in which cities, counties and states? _____

Dates of convictions: _____

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 a RCW to have abused or financially exploited a vulnerable adult?

If yes, in which cities, counties and states? _____

Dates of convictions: _____

NOTE: Please attach a statement on a separate sheet of paper regarding the circumstances for any "yes" answer to the following:

6. Have you been released from prison in the last seven years? Where? _____

7. Are you currently on probation or parole? _____

8. Have you had your name placed on a registry of child or adult abuse in this or any cities, counties, and states?

9. Have you been the subject of a mental health involuntary commitment proceeding? _____

10. Have you ever been denied a license to care for children or adults? _____

11. Have you ever had a license to care for children or adults suspended or revoked? _____

12. Are you currently under investigation for any criminal offense or by Child Protective Services? If so, in which cities, counties and states?

13. Have you ever lived in **any other city, county, or state in the past ten years** and, if so, list the year, cities, counties and states.



I declare, under penalty of perjury in the State of Washington, the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, may serve as the basis for a finding of unsuitability as a volunteer, or immediate termination, regardless of when or how discovered.

I hereby authorize the investigation of all matters which Chelan/Douglas County CASA deems relevant to my qualifications as a volunteer, including all statements made in this disclosure statement and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons supplying it. I also release you from all liability, which may result from making the investigations. I understand that Chelan/Douglas County CASA may request and receive information from federal and/or state law enforcement agencies and any division of the State of Washington Department of Social and Health Services.

Printed Name: _____ Signature: _____

Mailing Address: _____

Date: _____



Revised: 08/20/14
Approved: _____