



Cowlitz County CASA Program
 1024 Broadway
 Longview, WA 98632
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APPLICATION FOR CASA ADVOCATE POSITION

Name: _____

Address: _____

City/State/Zip: _____

Telephone (H): _____ (W) _____ (C) _____

E-mail address: _____

Driver's License #/Issuing State: _____

Social Security _____ Ethnicity _____

Date of Birth: _____ Place of birth (County & State) _____

If less than 10 years at current residence, please provide history for the past 10 years:

Personal references: (please do not list relatives or employers)

Name	Mailing Address	Phone

How did you learn about CASA? _____

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Your Occupation: _____ Employer: _____

Work address: _____

Marital Status: _____ Spouse's name: _____ Occupation: _____

Children's names & Ages _____

Others Residing in Your Home	Relationship to You

Your education: (Circle the highest grade completed)

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

Name of High School: _____

City & State: _____ Year Graduated: _____

Name of College or University attended:

_____ Degree: _____ Year _____

_____ Degree: _____ Year _____

_____ Degree: _____ Year _____

Other education or training: _____

Are you currently enrolled in school & where: _____

Languages spoken: _____

Do you drive? _____ Do you have a car available to you? _____

Auto insurance provider: _____ Policy # _____ Phone: _____

Hobbies and special interest: _____

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Do you have any experience or special training in the following areas? (circle)

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|---|
| <input type="radio"/> Medicine | <input type="radio"/> Education | <input type="radio"/> Mental Health | <input type="radio"/> Counseling |
| <input type="radio"/> Psychology | <input type="radio"/> Child Care | <input type="radio"/> Substance Abuse | <input type="radio"/> Child Development |
| <input type="radio"/> Child Welfare | <input type="radio"/> Social Work | <input type="radio"/> News Media | <input type="radio"/> Law Enforcement |
| <input type="radio"/> Advertising | <input type="radio"/> Writing | <input type="radio"/> Public Speaking | <input type="radio"/> Fund Raising |
| <input type="radio"/> Art | <input type="radio"/> Graphics | | |

If you checked any of the above, would you be willing to help in that area?

- Yes No

Have you ever been arrested? Yes _____ No _____

If yes please complete the following:

Charge	Date/Place	Disposition

Have you ever had any CPS history? Yes _____ No _____

Have you ever been involved in a domestic violence or abusive relationship within your own family, as a child or adult? Yes _____ No _____

In case of emergency please call:

Name _____

Phone: _____ Relationship to you: _____

AFFIRMATION AND RELEASE

I hereby affirm that all of the answers provided on this application are true. I hereby authorize the *CASA/GAL* Program of Cowlitz County to investigate my background to determine my fitness as a potential advocate. This will include a criminal background check and fingerprints that will be checked by the Washington State Patrol.

If I am found to 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

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pose risks to children or the *CASA* Program's credibility, I understand I will not be accepted for the program.

I understand that the above information will be provided to the court. I understand that the information requested in this application will be used only for the purpose of determining suitability as a *CASA/GAL* Advocate. Further, I understand that after successful completion of my training, I will be expected to serve a minimum of two years in the *CASA/GAL* Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a volunteer *CASA/Guardian ad Litem*. I will discuss these matters with only those persons directly involved with the case, program staff or those who will be consulted for their professional knowledge and expertise.

Name: (printed) _____

Signature: _____

Date: ____/____/____

Executive Director: (printed) _____

Signature: _____

Date: ____/____/____



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of the Cowlitz County CASA Program to contact the appropriate law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the CASA Program. All parties connected to the CASA Program (Advocates, Staff, Friends of CASA, & Board Members) will be asked to submit to a criminal background check.

The Cowlitz County CASA Program will also contact the Department of Children and Family Services and/or Community Services Office to conduct a background check. I agree to release of any/all information to the Cowlitz County CASA Program to determine my eligibility and/or suitability to participate as a volunteer CASA.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of the CASA Program and will be confidential.

I have read the above waiver and release statement and fully understand what I am waiving by signing this document.

Date: _____

Full name: **(please print)** _____

Alias/Previous Names: _____

Male: _____ Female: _____

Date of birth: _____

Social Security Number: _____

Signature _____ Date: _____