



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

**CHELAN/DOUGLAS CASA PROGRAM**

## Volunteer Application

Please print.

Return completed form to PO Box 2027, Wenatchee, WA 98807

Name: \_\_\_\_\_ AKA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Birthdate: \_\_\_\_\_

May we call you at work? ( ) yes ( ) no.

Email Address: \_\_\_\_\_

SSI#: \_\_\_\_\_

Do you have access to transportation? \_\_\_\_ Yes \_\_\_\_ No

Emergency Contact/Telephone #: \_\_\_\_\_

Why do you want to become a CASA Volunteer? \_\_\_\_\_

Do you drive? \_\_\_\_ Yes \_\_\_\_ No. Valid driver's license number: \_\_\_\_\_ Expiration: \_\_\_\_\_

List auto insurer and policy number: \_\_\_\_\_

Do you have any health problems/disabilities that we would need to accommodate? If yes, please explain:

\_\_\_\_\_

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? \_\_\_\_\_



As a CASA Volunteer, you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to give a year's commitment to the CASA program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you or any of your family members have any experience with the juvenile court/legal system or DCFS? If yes please explain:

\_\_\_\_\_

Have you ever had an addiction to drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn about the CASA/GAL Program? \_\_\_\_\_

Do you have any convictions in the last ten years or charges pending? Where? (This information will not necessarily exclude you as a volunteer). \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

### Education

Formal Education (highest year of school completed) \_\_\_\_\_

Are you presently attending school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you receive academic credit for your volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you speak a foreign language? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which language(s)? \_\_\_\_\_

Additional relevant training? \_\_\_\_\_

### Work History

1. Employer Name, Address, and Phone #: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Work Description: \_\_\_\_\_



May we contact them?  Yes  No

2. Employer Name, Address, and Phone #: \_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Work Description: \_\_\_\_\_

May we contact them?  Yes  No

Experience working with children? \_\_\_\_\_

### Volunteer History

1. Employer Name, Address, and Phone #: \_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Work Description: \_\_\_\_\_

May we contact them?  Yes  No

2. Employer Name, Address, and Phone #: \_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Work Description: \_\_\_\_\_

May we contact them?  Yes  No

### Personal References:

(List 3 references you have known for at least 2 years, excluding relatives)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 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 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 one year as a CASA Volunteer, and that I will submit my written resignation to the Program Director with as much advance notice as possible if I cannot fulfill the one year 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#: \_\_\_\_\_ Race: \_\_\_\_\_

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?

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Dates of convictions:

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

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If yes, in which cities, counties and states?

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Dates of convictions:

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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?

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If yes, in which cities, counties and states?

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Dates of convictions:

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**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?

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

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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. 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.

\_\_\_\_\_

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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: \_\_\_\_\_

