



Cowlitz County CASA Program
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APPLICATION FOR CASA ADVOCATE POSITION

Name: _____

Address: _____

City/State/Zip: _____

Telephone (H): _____ (W) _____

E-mail address: _____

Date of Birth: _____

Social Security _____

Driver's License # and State: _____

How did you learn about CASA? _____

CASA Volunteer Application

Occupation: _____

Employer: _____

Work address: _____

Place of birth (County & State) _____

Marital Status: _____

Spouse's name: _____

Spouse's occupation: _____

Children's names & Ages _____

Other persons residing in your home: _____

Their relationship to you: _____

Do you drive? _____

Do you have a car available to you? _____

Auto insurance provider: _____

Policy number: _____

Carrier's phone: _____

Your education: (Circle the highest grade completed)

High school: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

CASA Volunteer Application

Name of High School: _____

City & State: _____

Year Graduated: _____

Name of College or University attended:

_____ Degree: _____ Year _____

_____ Degree: _____ Year _____

_____ Degree: _____ Year _____

Any other education or training: _____

Are you currently enrolled in school & where: _____

Residence History: (for the past 10 years)

Languages spoken: _____

Hobbies and special interest: _____

CASA Volunteer Application

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, what charge? _____

Date and place: _____

Disposition of the case: _____

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 _____

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

Name _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

CASA Volunteer Application

Name _____

Address: _____

Phone: _____

Please list one reference that is a relative.

Name _____

Address: _____

Phone: _____

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 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

CASA Volunteer Application

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: ____/____/____