



Cowlitz County CASA Program
922 Fir Street
Longview, WA 98632
(360) 414-5212 • Fax: (360) 425-6369

Board of Directors

Marcia Roche, President
John Anderson, Past President
Deborah Burns, Vice President.
David Schatzel, Treasurer
Kelly Clary, Secretary
Darrel Ammons
Cindy Barbee
Margit Brumbaugh
Robin Carns
Linda Courtney
Linda Doerr
Mel Jewell
Vicki Leber
Tim Metcalf
Rosemary Purcell
Jon Trussell

Advisory Board

Chad Connors, Juvenile Court Adm.
Karen Logan, DSHS
David Campbell, United Way

Director Emeritus

Mel Jewell

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: ____/____/____