



VOLUNTEER APPLICATION FORM

(Please Print)

Name: _____

Address: _____

Telephone #: Home () _____ Cell () _____

Social Security # _____

Email: _____

How long have you lived in Grays Harbor County? _____ Years _____ Months

Date of Birth: _____ Place of Birth: _____

Do you have a **current** WA State Drivers License? Yes No

EDUCATION (circle highest completed)

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

Major: _____

Degree: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____



WORK AND VOLUNTEER HISTORY (Use another sheet if necessary)

1. Name of most recent employer or volunteer project: _____

Address and Phone: _____

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

2. Name of next employer or volunteer project: _____

Address and Phone: _____

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

3. Name of next employer or volunteer project: _____

Address and Phone: _____

Dates: _____ Supervisor's Name: _____

Brief description of Work: _____

List other current community activities and membership in clubs, church, etc:



Languages Spoken: _____

Hobbies/Special Interests: _____

When would you be available for volunteer service? Check times:

MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

Morning _____ Afternoon _____ Evening _____

Approximately how much time can you contribute monthly as a CASA/GAL volunteer?

Do you have any training or experience in any of the following?

- | | | |
|-----------------|--------------------------------|------------------|
| Medicine | Psychology | Grant Writing |
| Education | Advertising or Marketing | Child Care |
| Mental Health | Drug or Alcohol Abuse Programs | Public Speaking |
| Criminology | News Media | Child Welfare |
| Counseling | Child Development | Graphic Design |
| Law Enforcement | Social Work | Public Relations |

If you answered yes, please describe: _____



Have you ever been arrested for a crime? Yes No

If yes, what charge? _____

Date of Arrest/Disp: _____ Where _____

Can you think of any reason why Judge Edwards might be reluctant to appoint you to a case? Yes No If yes, why? _____

How did you learn about the Grays Harbor CASA program? _____

PERSONAL REFERENCES

(If you are employed, one reference should be from your current employer)

1. Name: _____

Address: _____

Telephone #: () _____ Relationship: _____

2. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

In case of an emergency, contact: _____

Telephone #: () _____ Relationship: _____



AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Grays Harbor CASA to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. I understand that if I have a criminal history record, I will have 30 days from the date CASA staff shares the results with me to verify or challenge the results of the records obtained. I understand I will be provided with a copy of my WSP/FBI criminal history record if I request it.

Further, I understand that after the successful completion of my training, **I will be expected to serve a minimum of one year in the Grays Harbor CASA.** If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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 guardian ad Litem. **I will discuss these matters only those whose person directly involved in the case or who will be consulted for their professional knowledge and expertise.**

Name (please print) _____

Signature _____ Date _____

Applicant has 30 days (until _____) to dispute criminal history record.

Signature (CASA Staff) _____ Date _____