

**SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR THE COUNTY OF LEWIS  
JUVENILE COURT**

**GUARDIAN AD LITEM PROGRAM**

242 NW Chehalis Avenue, Chehalis, WA 98532  
Mailing: 360 NW North Street, MS JUV01, Chehalis, WA 98532  
(360) 740-1178 (Option 8)  
Fax 360) 740-2258

Dear Volunteer:

Please fill out the attached documents completely. (Print each page separately)

**Application**

\_\_\_\_\_ Include 3 references with complete mailing address or email address, and phone number.  
(Please do not list relatives).

\_\_\_\_\_ Sign and date Authorization to Release Information

**Information for Federal and State Reporting**

\_\_\_\_\_ Complete Information for Federal and State Reporting (voluntary)

**Disclosure Statement**

\_\_\_\_\_ Print name, address, date, position applied for, answer all questions, sign and date.

**Authorization to Obtain/Release Information (CPS/At Risk Youth/CHINS)**

\_\_\_\_\_ Sign name, Date, Print name, complete form.

**PLEASE RETURN THE APPLICATION AND FORMS TO THE  
GAL OFFICE AT THE ABOVE ADDRESS.**

# APPLICATION FOR LEWIS COUNTY VOLUNTEER GAL PROGRAM

(Please Print)

Name (with middle initial): \_\_\_\_\_

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

Telephone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email address: \_\_\_\_\_

May you be called at work? Yes  No  Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Other States Resided in: \_\_\_\_\_

How long have you lived in Lewis County? \_\_\_\_\_

If presently married, give husband/wife's name and occupation:

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

Occupation: \_\_\_\_\_

Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Members of Household:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Do you drive? Yes  No

Do you have an automobile available to you? Yes  No

This position involves being physically able to conduct home visits, attend court, team meetings, etc. Are you able to engage in these functions with or without accommodations?

Without accommodations \_\_\_\_\_

With accommodations: \_\_\_\_\_

If you checked with accommodations, what are the accommodations needed?

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**EDUCATION** (circle highest completed)

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

Major: \_\_\_\_\_ Degree \_\_\_\_\_

College/University: \_\_\_\_\_

Are you presently enrolled in training/college? Yes  No

If yes, name of college and course of study: \_\_\_\_\_

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**WORK HISTORY** (use another sheet if necessary)

1. Name and Address of present or last employer:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

2. Name and Address of next previous employer:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

3. Name and Address of next previous employer:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

4. Name and Address of next previous employer:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

5. Name and Address of next previous employer:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

**VOLUNTEER HISTORY** (use another sheet if necessary)

1. Name and Address of present or last volunteer project:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

2. Name and Address of next previous volunteer project:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

3. Name and Address of next previous volunteer project:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

4. Name and Address of next previous volunteer project:

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Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

List your other current community activities and membership in clubs, church, other organizations: \_\_\_\_\_

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Languages Spoken: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

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How much free time to you have to be a Volunteer GAL? \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Medicine                       | <input type="checkbox"/> Education       |
| <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> Counseling      |
| <input type="checkbox"/> Law Enforcement                | <input type="checkbox"/> Psychology      |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> New Media       |
| <input type="checkbox"/> Child Development              | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Child Welfare                  | <input type="checkbox"/> Social Work     |

If you answered yes, please describe: \_\_\_\_\_

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How did you learn about the CASA/GAL program?

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**Please write a brief statement explaining why you want to work with the CASA/GAL Program.**

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**PERSONAL REFERENCES (Non Relatives)**

(Please use complete mailing addresses and zip codes)

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

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

**The Volunteer GAL Program rejects 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 Volunteer GAL Program's credibility.**

**The Volunteer GAL Program rejects any applicant with criminal history as defined in RCW 9.94A.030 for the past ten years. Applicants removed from the registry pursuant to a grievance action or a case for cause in any county are also automatically rejected.**

**Any false or misleading statements will disqualify an applicant from participating in the program.**

**LEWIS COUNTY**

**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a CASA/GAL Volunteer position with Lewis County, I hereby authorize any employers or supervisors, educational institutions, personal references and /or other persons to release information about my work history for use in determining my qualifications for this position. I understand, agree and authorize that a copy or facsimile of this form to be as valid as the original.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the CASA/GAL program.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL volunteer. Further, I understand that after the 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 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 with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Release Exp. Date: \_\_\_\_\_

## INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperating in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. *What ethnicity do you consider yourself to be?*

\_\_\_\_\_ *Caucasian/White* (not Hispanic origin) – those having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ *Black/African American* (not of Hispanic origin) – those having origins in any of the original groups of Africa.

\_\_\_\_\_ *Hispanic* – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

\_\_\_\_\_ *Asian or Pacific Islanders* – those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.

\_\_\_\_\_ *American Indian or Alaskan Native* – those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. *Gender*

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

3. Are you 40 years of age or older?                      Yes                      No

LEWIS COUNTY JUVENILE COURT

DISCLOSURE STATEMENT

I have been informed and fully understand that an inquiry may be made to the Washington State Patrol for convictions of offenses against persons, adjudications of child abuse in a civil action and disciplinary board final decisions concerning me. You will be notified of the Patrol's response within ten days after receipt by this office. You will be provided a copy of the response. The use of this record is limited to making the initial employment or engagement decision. Further dissemination is prohibited. I also have been informed and fully understand that an inquiry may be made to the Department of Social and Health Services Central Registry of reported cases of child abuse and neglect. The existence of a criminal record will not necessarily disqualify you for employment. Any criminal records will be individually considered on the basis of how it relates to the work that you would perform as an employee.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

I. Have you ever been convicted of:	YES	NO
a. Aggravated Murder?	_____	_____
b. 1 <sup>st</sup> or 2 <sup>nd</sup> Degree Murder?	_____	_____
c. 1 <sup>st</sup> or 2 <sup>nd</sup> Degree Kidnapping?	_____	_____
d. 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Degree Assault?	_____	_____
e. 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> Degree Rape?	_____	_____
f. 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Degree Statutory Rape?	_____	_____
g. 1 <sup>st</sup> or 2 <sup>nd</sup> Degree Robbery?	_____	_____
h. 1 <sup>st</sup> Degree Arson?	_____	_____
i. 1 <sup>st</sup> Degree Burglary?	_____	_____
j. 1 <sup>st</sup> or 2 <sup>nd</sup> Degree Manslaughter?	_____	_____
k. 1 <sup>st</sup> or 2 <sup>nd</sup> Degree Extortion?	_____	_____
l. Indecent Liberties?	_____	_____
m. Incest?	_____	_____
n. Vehicular Homicide?	_____	_____
o. 1 <sup>st</sup> Degree Promoting Prostitution?	_____	_____
p. Communication with a Minor?	_____	_____
q. Unlawful Imprisonment?	_____	_____
r. Simple Assault?	_____	_____
s. Sexual Exhibition of Minors?	_____	_____
t. 1 <sup>st</sup> or 2 <sup>nd</sup> degree Criminal Mistreatment?	_____	_____

II. Have you been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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- III. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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- IV. Have you been found by a disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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- V. Have you ever been convicted for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you current charged with a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either of the questions is yes, please complete the remainder of this form.

If the answer to both of the above questions is no, please skip Section VI.

- VI. Crime convicted of or charged with: \_\_\_\_\_

Location in which you were convicted or are now charged: \_\_\_\_\_

Date of conviction or charge made: \_\_\_\_\_

Court in which conviction was entered or case is now pending: \_\_\_\_\_

Rehabilitative program undergone: \_\_\_\_\_

- VII. In signing, I verify that the information provided herein is true and complete to the best of my knowledge. I understand that there may be an investigation of my criminal history. I further understand that misrepresentation of information may be cause for disqualification of my application or dismissal of my employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I hereby authorize a representative of the Lewis County Juvenile Court Volunteer Guardian ad Litem Program to obtain the following information from the Department of Social and Health Services:

1. CPS Contacts
2. At Risk Youth
3. CHINS Contacts Concerning Myself or My Child

I hereby authorize the Department of Social and Health Services to release ANY information regarding these items from each county and state I have resided in since the age of 18.

This release is executed by me with the full knowledge and understanding that the information obtained about me is for the official use of the Lewis County Juvenile Court Volunteer Guardian ad Litem Program and will be kept confidential.

I have read and fully understand the above waiver and release statement. I also understand this form must be completed in full for processing.

\_\_\_\_\_  
Signature of GAL Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Alias/Previous Name (include maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Circle One: Male Female

List city and state of places you have lived along with the dates since turning 18.

CITY/COUNTY (if known)

STATE

DATES (approx)

CITY/COUNTY (if known)	STATE	DATES (approx)

Send results to: Lewis County Juvenile Court, GAL Program, 360 NW North MS: JUV01,  
Chehalis, WA 98532