



## COURT ADVOCATES FOR CHILDREN FOR KITTITAS COUNTY

421 North Pearl Street #208  
Ellensburg, WA 98926  
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TO WHOM IT MAY CONCERN: I am an applicant to be a volunteer for the Kittitas County Court Advocates for Children Guardian ad Litem/Court Appointed Special Advocate (CASA/GAL). Court Advocates for Children for Kittitas County (Court Advocates) needs to thoroughly investigate my criminal history, as well as my driving record and history of civil litigation to evaluate my qualifications to become a CASA volunteer. It is in the public's interest that all relevant information concerning my criminal history and driving record be disclosed to Court Advocates.

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself whether said records are public, private or confidential. The intent of this authorization is to provide full and free access to my civil litigation, criminal history and driving records. This request is for the specific purpose of pursuing a background investigation that may provide pertinent data for Court Advocates to consider in determining my suitability to volunteer for this program.

I hereby release CASA, Court Advocates for Children for Kittitas County, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I also hereby release any and all custodians of such records, including the custodian of records' officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

In understanding my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et. Seq., the Privacy Act of 1974, the Freedom of Information Act, and Chapter 41.17 RCW and specifically waive those rights understanding that the information furnished will be used by Court Advocates in conjunction with volunteer selection procedures. I will make NO attempt to gain access to the information provided by you to Court Advocates and/or the Presiding Judge of Kittitas County Superior Court.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy or facsimile copy does not contain an original writing of my signature.

This waiver is valid for a period of eighteen (18) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person(s) to whom this request is presented and **his/her agents, employees, officers and related personnel from and against all claims, losses and expenses**, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicant's name (printed)

\_\_\_\_\_  
Applicant's address

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's telephone number

\_\_\_\_\_  
Applicant's date of birth

\_\_\_\_\_  
Applicant's social security number

\_\_\_\_\_  
Applicant's Washington Driver's License Number

\_\_\_\_\_  
Applicant's previous name(s)

SUBSCRIBED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington residing at

\_\_\_\_\_  
My commission expires: \_\_\_\_\_