

Court Advocates for Children  
For Kittitas County

421 N. Pearl Street, # 208  
Ellensburg, WA 98926  
(509) 925-4871

**VOLUNTEER CASA GUARDIAN AD LITEM APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

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

How long have you lived there? \_\_\_\_\_ If less than two years at the above address, list your previous address and the length of time you lived at your previous address:

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

How long have you been employed with the above employer? \_\_\_\_\_

If you have worked for the above employer for less than two years, provide the name, address and telephone number of your previous employer and indicate your reason for leaving that employment:

\_\_\_\_\_

Will your employer permit you to take time off from work to attend court hearings when necessary?

\_\_\_\_\_ May we telephone you at work? \_\_\_\_\_

What is the highest grade level of education that you have completed? \_\_\_\_\_

College or post-graduate degrees earned, if any: \_\_\_\_\_

Major areas of study or special training: \_\_\_\_\_

If you anticipate any changes in circumstances during the next two years that would affect your ability or availability to serve as a guardian ad litem in Kittitas County, please explain:

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, list specific charges, court in which you were convicted, the date of conviction and the sentence that the court imposed:

\_\_\_\_\_

Personal interests, hobbies, or skills: \_\_\_\_\_

Previous/current volunteer experience: \_\_\_\_\_

Previous/current experience working with children: \_\_\_\_\_

Have you (or has anyone close to you) had any experience with the adult or juvenile justice system, child welfare/protection services, family court, or dependency/family law guardians ad litem? \_\_\_\_\_  
If yes, describe how that experience could or would affect your ability to be objective:

\_\_\_\_\_

\_\_\_\_\_

(attach additional sheet if necessary)

Have you ever previously served as a CASA/GAL? \_\_\_\_\_ If so, where? \_\_\_\_\_

Were you ever removed from a case for cause? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

\_\_\_\_\_

Do you have an operable automobile? \_\_\_\_\_ Do you have automobile liability insurance? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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On the attached sheet, please provide three (3) references that we may contact. Include an employer or immediate supervisor (may be from current volunteer work if applicable) and two (2) people who have known you for two (2) years or longer. You must use individuals other than relatives for your references.

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*I understand that by submitting this application, I authorize inquires to be made concerning my suitability as a volunteer advocate for children. I understand that a criminal history and child abuse background check will be conducted. I understand that the information requested in this application and such information as may otherwise be obtained will be used by Court Advocates for Children for Kittitas County only for the purpose of determining my suitability as a volunteer advocate for children and that all information will be held in confidence. I understand that convictions or pending criminal charges involving sex offenses, child abuse or neglect or acts that pose risk to children or the CASA/GAL program will result in rejection of my application. I hereby declare that the information provided in this application is true and correct to the best of my knowledge.*

*I also understand that no individual will be rejected for volunteer service because of race, color, religious preference, national origin, gender, age, or marital status. I acknowledge and agree that Court Advocates for Children for Kittitas County is not obligated to accept my application, will not provide reasons if my application is rejected, and is not obliged to assign or actively to seek to assign me to volunteer service. I will assume all risks of injury occurring to me while on premises of any client and injury occasioned to me while fulfilling my voluntary services to or on behalf of the client.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_