

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Total Years Education _____ Are you still YES NO If yes, how
Count 12 years for completing high school _____ attending school _____ often? _____

References

Please list three references; 2 must be professional, one may be personal. Family members will not be considered.

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Employment History

Company: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Volunteer History

Organization: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Organization: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Have you ever been asked to leave a volunteer position? Yes No If yes, Why? _____

Specialized Training or Experience

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

_____ Adverse Childhood Experiences (ACES)	_____ Indian Child Welfare Act (ICWA)
_____ Autism	_____ LGBTQ Youth Advocacy
_____ Bilingual (if so what languages?)	_____ Mental Health Issues
_____ Child Developmental Delays	_____ Special Education
_____ Dependency Court System	_____ Substance Abuse/Alcoholism
_____ Domestic Violence	_____ Trauma Informed Care (TIC)

Have you ever worked for the juvenile court system? Yes No

Have you ever worked for the Department of Children, Youth & Families? Yes No

Have you ever been a foster parent? Yes No

Are you currently a foster parent? Yes No If yes, name of County: _____

Driver's License Verification

Do you hold a valid Washington State Driver's License? Yes No Please submit a copy of your Driver's License with application.

Do you have vehicle insurance? Yes No Please provide a copy of your vehicle insurance with application.

Do you have convenient access to a car/transportation? Yes No

Do you have any restrictions on your ability or willingness to drive? Yes No If Yes, What? _____

Disclaimer and Signature

I understand that by submitting this application, I authorize inquires to be made concerning my suitability as a volunteer. I further acknowledge that my service as a volunteer is an at-will appointment and may be terminated by the Office of the Court Appointed Special Advocate at any time. The information requested in this application, and such as may otherwise be obtained, will be used only for the purpose of determining suitability as a volunteer.

Criteria used in the selection of volunteers will be such as to insure the individual is able to meet the responsibilities of a volunteer court appointed special advocate. No individual will be rejected because race, color, creed, religion, sex, sexual orientation, gender identity, gender expression, age, disability, ancestry, national origin or marital status/civil union or domestic partnership status.

Completion of application, interview and pre-service training process does not guarantee acceptance into the program.

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Office of the Court Appointed Special Advocate

2801 10th Street • Everett, WA 98201-4046

Office: (425) 388-7854

Fax: (425) 388-7856

CASA@snoco.org



Application for Volunteer CASA Position: Part II *(When responding, you are not limited to the space provided. Feel free to include additional pages if needed.)*

Supplemental Questions

Why do you want to be a court appointed special advocate?

Please describe any life experiences which enhance your ability to advocate for children and understand families involved in the system.

Have you or any members of your household ever been involved with the foster care system or Child Protective Services? If yes, please elaborate.

Supplemental Questions Continued

Describe some opportunities you have had to work in diverse, multicultural and inclusive settings and how this will contribute to your role as a CASA volunteer.

CASAs need to be able to utilize MS Office Suite to write reports (MS Word, SharePoint, or Office 365), organize calendar events and manage several email folders (MS Outlook). What is your skill level and experience utilizing MS Office Suite? What areas, if any, do you need further training and are you willing to seek out this training in order to utilize the software?

CONSENT TO RELEASE INFORMATION

Licensing regulations require a background check on all persons employed by a licensee, volunteering for a licensee, living with a licensee or having significant amount of contact with person in care of the licensee. RCW 74.15.030(2)(b), WAC 388-06A. Chapter 13.34 RCW also requires a criminal history review of all court appointed special advocates. RCW 13.34.100(3)(i)(j).

Your signature on this form allows the Department of Children, Youth and Families (DCYF) and any and all law enforcement agencies; including WSP and FBI; to check for criminal records, for child abuse with the DCYF Central Registry and with DCYF records and with any other social service agency in any jurisdiction in which you may have resided. I authorize the release of all background information to the Snohomish County Office of the Court Appointed Special Advocate.

If you wish to be considered for a volunteer position with the Snohomish County Office of the Court Appointed Special Advocate, you must complete this form in its entirety. **ORIGINAL SIGNATURE NEEDED (DO NOT FAX OR EMAIL)**

Applicant Information

Full Name: _____
First Full Middle Any Nicknames Last

Maiden Name Previous Married Name(s)

Any other names used (aliases):

Race: _____ Social Security No.: _____ Date of Birth: _____

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Please list below ALL the residences where you have resided in the past ten years (if they differ from your current residence address) to include any residences outside of Washington State. Please attach a separate page if needed.

I understand my fingerprint background check will be submitted to both the Washington State Patrol and FBI to check for criminal history records. I understand that if I have a criminal history record, I will have opportunity to verify or challenge the results of the records obtained. I understand that my criminal history record check results will only be used for authorized purposes by the Snohomish County Office of the Court Appointed Special Advocate. (Criminal history information is not disseminated to other agencies.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose, you have certain rights which are outlined below.

- You (the applicant) must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, you (the applicant) shall be given up to 30-days to complete or challenge the accuracy of the information in the record, or decline to do so, before a determination is made by the official(s) of the Office of the CASA regarding your suitability to volunteer with the program.²
- The procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34(b). Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³
- Officials from the Office of the CASA are not permitted to provide you with a copy of your FBI criminal history record for review and possible challenge. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you can find information for doing so online at: <https://www.edo.cjis.gov/#/>
- A copy of the Privacy Act Statement⁴ is provided when the applicant submits their fingerprints and associated personal information. (see attached Privacy Act Statement):

¹ Written notification includes electronic notification but excludes oral notification.

² See 28 CFR 50.12(b)

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

⁴ See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018