

Thurston County Dependency Guardian ad Litem (DGAL) Program

2000 Lakeridge Drive SW, Olympia, WA 98502

Phone (360) 709-3231 Fax (360) 709-3123 or email to mayow@co.thurston.wa.us

Volunteer Application

Please complete the following (4) four pages, sign the release form, and mail, fax, or email to the above address.

Note: Applying for and participating in initial training does not automatically qualify a person to be a DGAL volunteer but rather is part of the DGAL volunteer screening process. DGAL staff has a right to refuse potential volunteers throughout the screening process. Criteria used in the selection of volunteers will be such as to ensure that the individual is able to meet the responsibilities of a Dependency Guardian ad Litem. No individual will be rejected because of race, color, religious creed, national origin, gender, age, sexual orientation, or martial status.

Date: _____

Date of Birth: _____

*Volunteers must be at least 21 years of age

Name: _____
Last First Middle (Preferred)

Gender: Male/Female

Cultural Background: _____

Address: _____

City State Zip
Home Phone: _____ Business/Cell Phone: _____

Email: _____

Children (gender and ages): _____

Applicant's Marital Status: _____ Spouse's Name: _____ Occupation: _____

Driver's License Number: _____

*** Please submit a copy of driver's license for identification**

Employment Information:

Employer or School: _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Not Employed ☐ Retired

Position: _____ Supervisor: _____

Address: _____ Phone number: _____

Brief description of work: _____

Educational Background

☐ Some high school ☐ GED/High school diploma ☐ Some College ☐ College Degree
☐ Master's Degree ☐ Law Student ☐ Ph.D. ☐ Other

Any additional educational information: _____

Foreign Language(s) spoken: _____

Hobbies / Special Interests: _____

Check "Yes" or "No" as applicable. If yes, PLEASE EXPLAIN COMPLETELY IN THE SPACE PROVIDED BELOW.

1. Have you ever been a CASA or GAL (Guardian ad Litem) with another program? ☐ Yes ☐ No

2. Have you ever been charged with a misdemeanor or felony? ☐ Yes ☐ No

If yes, please describe all crimes charged or convicted (attach additional sheet if needed).

3. Have you ever been investigated by DCFS Child Protection Division? ☐ Yes ☐ No

4. Are you, or someone you are close to, a survivor of abuse and/or neglect? ☐ Yes ☐ No

5. Do you know of any reason why a judge might be reluctant to appoint you as a DGAL? ☐ Yes ☐ No

6. Have you had any personal experience in the Juvenile Court System? ☐ Yes ☐ No

7. Can you commit your services to a minimum of 18 months? ☐ Yes ☐ No

8. Can you complete the 30 hours of mandatory training? ☐ Yes ☐ No

9. Can you complete the 12 hours of ongoing training each year? ☐ Yes ☐ No

10. Is your employer supportive in your desire to volunteer? ☐ Yes ☐ No

11. Do you foresee any difficulties in attending mandatory court hearings and preparing written reports? ☐ Yes ☐ No

Explanation (please provide item #):

What days or hours are you available to work for this program?

Days: _____ Hours: _____

Describe additional personal or employment constraints that may restrict your time: _____

List all previous and/or current volunteer activities:

How did you become aware of this program? _____

What do you feel are the strengths that you will bring to this program?

Write a brief statement on why you have chose to work in the Child Advocacy Program at this particular time in your life? _____

What additional information would you like about the Depenency Gaurdian ad LitemProgram? _____

What do you hope to gain from this volunteer experience?

Please list three personal references that you have known for at least two years. One reference must be an employer or a co-worker, if employed. (Other examples: minister, teacher, therapist, etc.)

1. Name: _____
Address: _____
Phone: _____ Relationship: _____
2. Name: _____
Address: _____
Phone: _____ Relationship: _____
3. Name: _____
Address: _____
Phone: _____ Relationship: _____

Please write and attach a brief autobiography (1 page or less)

BACKGROUND CHECK

Have you used any other names? If so, please state: _____

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 DGAL program's credibility is not eligible to be a DGAL volunteer.

I, _____ hereby affirm that all of the answers provided on my volunteer application are true.

I hereby authorize the Thurston County Juvenile Court's Dependency Guardian ad Litem (DGAL) program to investigate my background to determine my fitness as a potential volunteer. This includes the submission of my fingerprints to the Federal Bureau of Investigation. I have read the Agency Privacy Requirements for Noncriminal Justice Applicants (attached). If I choose to review and/or contest the outcome of my criminal history via the submission of my fingerprints I can do so, in writing, within 30 days of the report being given to me.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a DGAL volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the DGAL 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 DGAL volunteer. 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 also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the DGAL program and their desire to provide quality services to abused and neglected children, my services as a DGAL volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Your Signature _____ Date _____