

Superior Court

Notice to the Bar & Public

June 30, 2011

ATTENTION Law Office Personnel: Please ensure that ALL staff, attorneys and non-attorneys are aware of the contents of this notice.

◆ **Title 13 CASA-Equivalent Compensated Guardian ad Litem Training Announcement**

The Whatcom County Superior Court invites interested individuals to register and apply for Title 13 (Dependency) CASA-equivalent Guardian ad Litem (GAL) training.

The scheduled training encompasses 31 hours of instruction, commencing on July 19, 2011. The entire schedule is printed on the reverse. All sessions are mandatory and missing all or part of a session will disqualify a participant.

Statutes require that compensated GAL's are required to have satisfactorily completed CASA-equivalent training before they may be considered for appointment to the Title 13 GAL Registry of any court.

APPLICATION PROCEDURES: The application package is available on the Court's web page at www.whatcomcounty.us/superior. It includes the training schedule, a County employment application form, a supplemental employment application, narrative questions and a Disclosure of Crimes Against Children or Vulnerable Adults form. The use of uniform "employment" application forms does not mean or imply that those selected to serve will be Court or County employees, whatsoever. Any compensated GAL admitted to the Registry will serve as an Independent Contractor.

The completed package must be received at the County Clerk's office, Suite 301, 311 Grand Avenue, Bellingham, Washington 98225 not later than 4:30, July 13, 2011.

Initial criminal history checks and court records search of relevant cases involving the applicant will be conducted prior to commencement of the training. Intensive screening, including interviews by a panel, will be conducted during and after the training. Those who pass the initial training and the interviews will then be the subject of in-depth reference checks, including collateral sources.

COST OF TRAINING: The cost of the training will be borne by the participants. The cost is \$250.00 per participant payable in cash or by check at the commencement of the training on July 17, 2011. In the event that that per capita amount exceeds the actual costs, per capita fees paid in excess of actual costs will be refunded.

NO GUARANTEE OF PLACEMENT ON REGISTRY

Completion of the training **DOES NOT GUARANTEE** placement on the Registry of approved Title 13 compensated guardians ad litem.

Admission to the Registry may include other contractual requirements and the requirement that the individual be supervised and/or mentored by an experienced GAL



Guardian Ad Litem

Training Schedule

Location of training sessions: Civic Center Building -2nd floor Conference Room (322 N. Commercial St.)

Session	Topic	Date	Time	Hrs	Homework
1	Welcome, Program Overview & History, Policies/Procedures, Intro to Role of a CASA	Tuesday, July 19th	5:30-9:00pm	3.5	Chapter 2
2	Introducing DCFS (SW), the Law, Courts (AAG), and Solution Based Case Planning	Thursday, July 21st	5:30-9:00pm	3.5	Skim Ch. 1, Read: Harris-Price Case Ch. 3 Ch. 4- U:4 Ch. 5-U:5 Ch. 3: Peggy McIntosh CD
3	Diversity & Cultural Competency, Strength-Based Practice, Poverty vs Neglect, Disproportionality, Native American ICW Supervisor presentation	Saturday, July 23rd Session is Mandatory	8:00am-5:00pm	8.5	Ch. 5- U:1, U:3 Ch. 6- U:1-5
4	Child Development, Attachment, Child Traumatic Stress, Chemical Dependency (CDP)	Thursday, July 28th	5:30-9:00pm	3.5	Ch. 6- U6 Skim Ch. 8, 9 &10 TreeHouse Guide
5	Case Planning, Interviewing, Educational Advocacy, Reports & Monitoring, Expectations, Safety,	Saturday, July 30th This Session is Mandatory	8:00-5:00pm	8.5	Ch. 4-U:4, U:6, Ch. 7 (Self-Study) Read Ch. 6 Resources on CD
6	Domestic Violence, Child Sexual Abuse, Mental Health	Tuesday, August 2nd	5:30pm-9:00pm	3.5	
7	Graduation Ceremony, Thursday, May 26th 4:30-6:00pm????				
8	Court Visit, date and time will be arranged with Cynthia (2 hours)????				
9	Individual Orientations????				

Total Training Hours: 31

EMPLOYMENT APPLICATION

WHATCOM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER



Phone (360) 676-6802
 FAX (360) 738-2521
 JOBLINE (360) 738-4550
 TTY (360) 738-4555
 Website www.co.whatcom.wa.us

**WHATCOM COUNTY
 HUMAN RESOURCES**
 Whatcom County Courthouse
 311 Grand Avenue, Suite 107
 Bellingham, WA 98225-4038

INSTRUCTIONS TO APPLICANTS

Complete application in full, even if providing a resume, and return to Human Resources by closing date. A separate application is required for each opening. If you are applying for more than one position, you can make copies of a completed application, leaving the "Position Applied For," "Signature" and "Date" spaces blank, to be filled in later when applying for other positions. Be thorough and complete in describing your background and experience.

Name	POSITION APPLIED FOR		
Address	Home Phone		
	Work/Message Phone		
City	State	Zip	Email Address

Education and Training

	School Name/Location	Month/Year Attended	Type of Diploma/Degree Received	Course of Study
High School		Graduated? (month/year not necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Colleges/Universities				
Graduate/Professional				
Other				

Specialized training, apprenticeships, internships, job-related skills:
Certificates, licenses, professional associations:

General Information

1. Are you a U.S. citizen, or if not, are you eligible for legal employment in the United States? Yes No
(If employed, proof of identity and legal right to work in the United States will be required *after* hire.)

2. Do you have any relatives employed by Whatcom County? Yes No
If yes, indicate name, relationship and department:

3. Have you ever been discharged/fired, or asked to resign from a position? Yes No
(If yes, please explain.)

4. Have you, within the last ten years, been convicted of a crime or released from prison? Yes No
(A conviction record will not automatically bar you from consideration for employment.)

5. Have you ever been warned about or otherwise disciplined for:
 - A. Absenteeism, tardiness, failure to notify your Employer when absent, or any other attendance problem? ... Yes No
 - B. Sexual harassment, fighting, assault, or related offenses? Yes No
 - C. Violating any State, Federal, or Employer safety rules? Yes No(If yes on any of the above, please explain.)

6. Are there any time lapses between jobs you held which are not explained on the application? Yes No
(If yes, please explain.)

7. Have you ever been employed by Whatcom County? Yes No
(If yes, list title and date employed.)

8. Are you interested in temporary work? Yes No
9. List other names by which you may be known:

Employment Experience

Start with your present or last job. Include any **job-related** military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation or other protected status. Complete in full, even if providing a resume.

1. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Full Address					
Job Title		Hours Worked Per Week	Work Performed *		
Supervisor	Phone Number(s)				
Reason for Leaving					
2. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Full Address					
Job Title		Hours Worked Per Week	Work Performed *		
Supervisor	Phone Number(s)				
Reason for Leaving					
3. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Full Address					
Job Title		Hours Worked Per Week	Work Performed *		
Supervisor	Phone Number(s)				
Reason for Leaving					
4. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Full Address					
Job Title		Hours Worked Per Week	Work Performed *		
Supervisor	Phone Number(s)				
Reason for Leaving					

* If you need additional space, please continue on a separate sheet of paper.

<p>I hereby authorize Whatcom County Human Resources, or its agent, to verify or to supplement information given by me in this application and any other submitted materials. I understand this information may be the basis of an employment decision, and I hereby release any and all of my employers from any liability or claim that I might have as a result of disclosure of this information. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there special conditions prior to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain.)</p>
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I learned about this job through (check all boxes that apply):

- | | |
|--|--|
| <input type="checkbox"/> A Friend or Relative | <input type="checkbox"/> Internet Site or E-Mail (address: _____) |
| <input type="checkbox"/> A County Employee | <input type="checkbox"/> <i>Bellingham Herald</i> |
| <input type="checkbox"/> Posted Job Announcement | <input type="checkbox"/> Regional Newspaper (title: _____) |
| <input type="checkbox"/> WorkSource Center/Website | <input type="checkbox"/> Job Publication (title: _____) |
| <input type="checkbox"/> Whatcom County Job Line | <input type="checkbox"/> Organization or Group (name: _____) |
| <input type="checkbox"/> Whatcom County Web Site | <input type="checkbox"/> Placement Office/Instructor (school: _____) |
| <input type="checkbox"/> Other _____ | |

READ BEFORE SIGNING

I CERTIFY that this application and any other submitted materials contain no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, I may be summarily terminated or disqualified from holding any position under the jurisdiction of Whatcom County. This application becomes part of my official personnel file if hired.

Signature

Date

Whatcom County promotes a smoke-free/drug-free work environment

ADSHRAPP Rev 7/06



**WHATCOM COUNTY
HUMAN RESOURCES**

Whatcom County Courthouse
311 Grand Avenue, Suite 107
Bellingham, WA 98225-4038

SUPPLEMENTAL APPLICATION

CASA Volunteer WHATCOM COUNTY CASA PROGRAM

Applicant Name _____

Please answer all questions and submit with your completed Whatcom County Application. Be complete and as clear and concise as possible in your answers. If you need additional space, attach an extra sheet with your name and the title of the position for which you are applying at the top.

Additional Information

Do you have a valid driver's license and proof of insurance? Yes No

Do you have any health problems/disabilities that we would need to accommodate? If yes, please explain: _____ Yes No

When would you normally be available for volunteer service? Please check all that apply:

Mornings Afternoons Evenings Weekdays Weekends

Approximately how much time can you contribute weekly as a CASA volunteer? _____

As a CASA Volunteer, you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes No

Are you able to give an 18 month commitment to the CASA program? Yes No

Do you have experience as a Court Appointed Special Advocate or Guardian Ad Litem? Yes No

Volunteer History:

1. Organization _____ Dates: _____ May we contact them?

Supervisor: _____ Phone Number: _____ Yes No

2. Organization _____ Dates: _____ May we contact them?

Supervisor: _____ Phone Number: _____ Yes No

3. Organization _____ Dates: _____ May we contact them?

Supervisor: _____ Phone Number: _____ Yes No

References

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Declaration & Release of Information

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 a risk to children or the CASA Program's credibility; or who refuses to sign any necessary Declarations and Releases, is not eligible to be a CASA Volunteer.

I, _____, hereby declare that all of the answers provided on this application are true 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 from the CASA Program at a later time.

I hereby authorize the Whatcom County CASA Program to investigate my background to determine my fitness as a potential volunteer. I expressly authorize the CASA Program, and any law enforcement agency they authorize, to contact any and all references, or other individuals identified by me in this application.

This check will include but is not limited to the follow:

- Case and Management Information System (CAMIS) check with the Department of Social and Health Services (DSHS)/Child Protective Services (CPS)
- Criminal history check with the Washington State Patrol (WSP)
- Fingerprinting for Federal Bureau of Investigation (FBI) background check
- Judicial Access Browser System (JABS) check
- Driving record check with the Department of Licensing (DOL)

I authorize the CASA Program to run the JABS and DOL database search on an annual basis for as long as I remain an active CASA and am assigned to a case.

I understand that the information in this application will be used only for the purpose of determining my suitability as a CASA volunteer. By signing, I am not obligated to accept this volunteer position nor is the CASA Program obligated to assign me a case. Further, I understand that after the successful completion of my training and a determination by the CASA Program that I have met all other requirements, I will be expected to serve a minimum of eighteen months as a CASA Volunteer and I will submit my written resignation to the CASA Coordinator with as much advance notice as possible if I can not fulfill this commitment. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials I will examine in my capacity as a CASA Volunteer. I will discuss these matters only with those persons who are authorized to receive such information.

Further, I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the CASA Program and their desire to provide quality services to abused and neglected children, my services as a CASA Volunteer will be terminated.

I understand that this release will be in effect until my dismissal or resignation from the CASA Program. Any copy of this release form is considered as valid as the original.

Name(s) (please print): _____

Today's Date: _____

Signature: _____

Date of Birth: ____ - ____ - ____

Social Security Number: ____ - ____ - ____

1. Have you been released from prison in the last seven years?
2. Are you currently on probation or parole?
3. Have you had your name placed on a registry of child or adult abuse in this or any cities, counties and states?
4. Have you been the subject of a mental health involuntary commitment proceeding?
5. Have you ever been denied a license to care for children or adults?
6. Have you ever had a license to care for children or adults suspended or revoked?
7. Have you ever lived in **any other city, county, or state in the past ten years** and, if so, list the year, cities, counties and states. _____

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |



ADMINISTRATIVE SERVICES HUMAN RESOURCES
DISCLOSURE OF CRIMES AGAINST CHILDREN OR VULNERABLE ADULTS

(PURSUANT TO RCW 43.43.834)

This form may be sent to the Washington State Patrol for verification. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future? [] YES (explain below) [] NO

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future? [] YES (explain below) [] NO

3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? [] YES (explain below) [] NO

4. Have you ever been found by a court in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? [] YES (explain below) [] NO

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? [] YES (explain below) [] NO

6. Have you ever been found in any protection proceeding, under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? [] YES (explain below) [] NO

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Name (please print) _____ Date _____

Address (city, state, zip code) _____

Signature _____ Driver's License # _____