

JEFFERSON COUNTY GUARDIAN AD LITEM (GAL) VOLUNTEER APPLICATION



Guardian ad Litem
FOR CHILDREN
JEFFERSON COUNTY
GAL PROGRAM

Please complete this application and return to the GAL office at: PO Box 1220, 1820
Jefferson Street, Port Townsend, WA 98368, or scan and email to:

adean@co.jefferson.wa.us.

NAME (FIRST, MIDDLE, LAST):		
STREET ADDRESS:	CITY:	ZIP:
PHONE :		
EMAIL ADDRESS:		
EMAIL IS AN ESSENTIAL FORM OF COMMUNICATION IN THIS WORK. CAN YOU CHECK YOUR EMAIL AT LEAST ONCE A DAY?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
WILL YOU BE ABLE TO EMAIL AND EDIT YOUR REPORTS IN MS WORD OR COMPATIBLE FORMAT?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
SOCIAL SECURITY NUMBER:		
DATE OF BIRTH:		
LOCATION OF BIRTH (CITY & STATE):		
OTHER NAMES YOU HAVE USED OR ARE CURRENTLY USING:		
DO YOU HAVE A VALID DRIVER'S LICENSE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST 3 REFERENCES- 2 SHOULD BE PROFESSIONAL AND 1 SHOULD BE PERSONAL (NON-FAMILY): PLEASE INCLUDE THEIR NAMES, RELATIONSHIP TO YOU, PHYSICAL ADDRESS AND PHONE:		
1.		
2.		
3.		

Please describe why you want to be a Volunteer Guardian ad Litem:

What skills do you bring to this work?

What will be your challenges in this work?

Describe your experience with children:

Attach a general resume that includes the type of work you've done and your educational background. Please include all volunteer work. Your resume doesn't need to be highly detailed -- what's important are your general skills and accomplishments.

Any applicant convicted of a felony or misdemeanor involving crime against a child, sexual offense, domestic violence or related acts that would pose a risk to a child or to the GAL Program's credibility is not eligible to be a Jefferson County Volunteer GAL. Any applicant charged with the aforementioned acts may not be eligible for the GAL Program; this is at the discretion of the GAL Program Coordinator and the Juvenile Services Director. Any intentionally falsified or misrepresented information in this application will be grounds for dismissal from the GAL Program. Criteria used in the selection of volunteers will ensure that the individual is able to meet the responsibilities of a volunteer Guardian ad Litem (GAL). No individual will be rejected because of race, color, creed, national origin, sex, age, or sexual orientation.

I authorize a criminal background check and inquiries concerning my suitability as a volunteer at time of application. Upon acceptance into the GAL program, I authorize annual background checks which include: Fingerprinting; Social Security Number Verification; National Criminal Database Check; National Sex Offender Registry Check; Child Protective Registry Check; and Local and State Criminal Records Check. Refusal to allow said background checks will result in automatic disqualification. All information will be held in confidence.

APPLICANT SIGNATURE:

DATE: