

**Benton/Franklin Juvenile Justice Center**  
**5606 West Canal Place, Suite 106 ♦ Kennewick, WA 99336-1388**  
**(509) 783-2151 ♦ Fax (509) 736-2728**

**Benton/Franklin CASA/GAL Program**

Dear Volunteer:

**Please fill out the attached documents completely.**

Application

- Include 4 references with **complete** mailing address and phone number  
(Please do not include relatives)
- Sign and date application
- Complete CASA/GAL Attachment questionnaire

Volunteer Oath of Office

- Print your name, then sign and date form.
- Read and initial RCW 13.40.570

Statement of Volunteer Rights and Responsibilities in Agencies

- Signature and date required

Volunteer Background Check Authorization and Release

- Please provide information requested on **both** sides
- Signature required
- Include a copy of your driver's license**

Waiver of Confidentiality CASA Program

- Signature and date required (Please print name also)

Volunteer Background Information Sheet

- Fill out all that applies to you
- Signature required

DSHS (Children's Administration) Authorization for Records Check

- Fill out top section (name, DOB, former names)
- Sign at bottom and print name/date

Please return the packet to the CASA/GAL Office at the above address.

JUDGES  
 Hon. Vic L. VanderSchoor  
 Hon. Robert G. Swisher  
 Hon. Carrie Runge  
 Hon. Cameron Mitchell  
 Hon. Bruce A. Spanner  
 Hon. Salvador Mendoza

# BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER



Darryl Banks, Administrator  
 Juvenile Court Services

SUPERIOR COURT OF THE STATE OF WASHINGTON  
 5606 W CANAL PLACE, SUITE 106 • KENNEWICK, WASHINGTON 99336-1388  
 PHONE (509) 783-2151 • FAX (509) 736-2728

JOSEPH R. SCHNEIDER  
 JERRI G. POTTS  
 JACQUELINE STAM  
 Court Commissioners

## VOLUNTEER/INTERN APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
 (Street) (City) (Zip)

BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 (Street) (City) (Zip)

CIRCLE THE HIGHEST GRADE COMPLETED: 8 9 10 11 12 13 14 15 16 DEGREE: \_\_\_\_\_

AREA OF STUDY: \_\_\_\_\_ CURRENTLY IN SCHOOL:  YES  NO WHERE? \_\_\_\_\_

DO YOU OWN AN OPERABLE AUTOMOBILE? YES  NO  IS THIS AUTOMOBILE INSURED? YES  NO

NAME OF INSURANCE COMPANY: \_\_\_\_\_ AGENT: \_\_\_\_\_

WHAT LANGUAGE (S) DO YOU: SPEAK \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

ORGANIZATION YOU REPRESENT: \_\_\_\_\_

ORGANIZATION'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**DEPARTMENT WITHIN JUVENILE COURT YOU WISH TO WORK WITH:** (i.e., Diversion, Truancy, Probation, Drug Court, Detention, Clerical, Accounting, CASA/Guardian ad Litem) \_\_\_\_\_

WERE YOU REFERRED TO THIS AGENCY BY AN EMPLOYEE OF THE JUVENILE COURT? YES  NO

IF YES, WHO REFERRED YOU? \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER WITH THE JUVENILE COURT AND WHAT IS THE LENGTH OF COMMITMENT YOU COULD GIVE TO THIS AGENCY? \_\_\_\_\_

\_\_\_\_\_

LIST ANY VOLUNTEER EXPERIENCE: \_\_\_\_\_

HAVE YOU HAD ANY EXPERIENCE WITH CHILD ABUSE? \_\_\_\_\_

PRESENT HEALTH: \_\_\_\_\_ (ANY HEALTH PROBLEMS EXPLAIN) \_\_\_\_\_

PERSONAL INTERESTS, HOBBIES, OR SKILLS: \_\_\_\_\_

PLEASE LIST FOUR (4) REFERENCES: (INCLUDE AN EMPLOYER OR IMMEDIATE SUPERVISOR, IF APPLICABLE, AND AT LEAST TWO (2) PEOPLE WHO HAVE KNOWN YOU FOR TWO YEARS OR LONGER)

NAME	RELATIONSHIP (Non-Relative)	ADDRESS (Include City, State & Zip Code)	PHONE

COMMENTS: \_\_\_\_\_

*In my service as a volunteer I agree that I am acting as an agent of the Juvenile Justice Center, and I will exercise due cause and act in good faith. I will respect and abide by the rights and responsibilities of professional staff noted on the reverse of this application.*

**I hereby declare that the above information is true and correct to the best of my knowledge.**

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

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY:** The Benton-Franklin Counties Juvenile Justice Center (BFJJC) does not discriminate in regard to race, color, religion, sex, nation origin, age, political affiliation, disability status or any other non-merit factor. BFJJC is also committed to an Affirmative Action Program.

**Volunteer Application  
(CASA/GAL Program Attachment)**

1. Why would you like to become a CASA volunteer?

2. As a volunteer, what would you like to accomplish for yourself?

3. Have you had any personal experience involving  
 Child Welfare System  Court System  Foster care  Child servicing agencies?  
If yes, please explain:

4. List any health problems or handicaps you have which should be taken into account:

<p>5. Have you ever been a victim of abuse, including domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please describe what steps you have taken to deal with the abuse issue(s):</p>
<p>6. Have you or a member of your family been investigated by Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain whom it involved and to what extent:</p>
<p>7. Have you or a member of your family experienced an addiction to illegal substances (drugs or alcohol)?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>8. Have you or a member of your family been involved or referred to Juvenile Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please explain:</p>
<p>9. Do you have a divorce/custody proceeding in Superior Court and have a CASA assigned on your case?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>

**NOTE: Please attach a statement on a separate sheet of paper regarding the circumstances for any "yes" answers to the following questions:**

<p>10. Have you been in the past or are you currently involved in any court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?</p>
<p>11. Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Have you had your name placed on a registry of child or adult abuse in this or any other city, county or state?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Have you ever been denied a license to care for children or adults? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have you ever had a license to care for children or adults suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

JUDGES

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# BENTON-FRANKLIN COUNTIES JUVENILE JUSTICE CENTER



Darryl Banks, Administrator  
Juvenile Court Services

## SUPERIOR COURT OF THE STATE OF WASHINGTON

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JOSEPH R. SCHNEIDER  
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Court Commissioners

### JUVENILE COURT VOLUNTEER OATH OF OFFICE

I will conscientiously do my best to serve the court and the community as a representative of the Benton-Franklin Counties Juvenile Justice Center. I will provide services to the court as directed and authorized, and abide by the rules, regulations, policies and code of ethics of the court.

I will keep confidential any information, records, files, papers, and/or communications to which I gain access in the course of my duties. I will not disclose any information except to those who have recognized status in the matter or unless otherwise directed by the court.

As a court volunteer, I understand that I am a mandated reporter 24 hours a day. I will report all incidences of abuse or neglect pursuant to RCW 26.44.030, and will complete a written verification form as provided by the agency.

I certify that I have read and am knowledgeable of the requirements of RCW 13.40.570 (see attached – Sexual misconduct by state employees, contractors) and of the new crimes committed included in RCW 9a.44, Sexual Offense (see attached listing).

In the event that there is a change in my criminal history status during my volunteerism with the Benton-Franklin Juvenile Justice Center, I will notify my immediate supervisor or manager by the next business day.

\_\_\_\_\_  
Juvenile Court Volunteer

\_\_\_\_\_  
Juvenile Court Volunteer Signature

\_\_\_\_\_  
Date

Attached: RCW 13.40.570 – Sexual misconduct by state employee, contractors  
Chapter 9A.44 RCW Sex Offenses – List of RCW Sections



# WASHINGTON STATE LEGISLATURE

## Chapter 9A.44 RCW

### Sex Offenses

#### RCW Sections

- [9A.44.010](#) Definitions.
- [9A.44.020](#) Testimony -- Evidence -- Written motion -- Admissibility.
- [9A.44.030](#) Defenses to prosecution under this chapter.
- [9A.44.040](#) Rape in the first degree.
- [9A.44.045](#) First degree rape -- Penalties.
- [9A.44.050](#) Rape in the second degree.
- [9A.44.060](#) Rape in the third degree.
- [9A.44.073](#) Rape of a child in the first degree.
- [9A.44.076](#) Rape of a child in the second degree.
- [9A.44.079](#) Rape of a child in the third degree.
- [9A.44.083](#) Child molestation in the first degree.
- [9A.44.086](#) Child molestation in the second degree.
- [9A.44.089](#) Child molestation in the third degree.
- [9A.44.093](#) Sexual misconduct with a minor in the first degree.
- [9A.44.096](#) Sexual misconduct with a minor in the second degree.
- [9A.44.100](#) Indecent liberties.
- [9A.44.105](#) Sexually violating human remains.
- [9A.44.115](#) Voyeurism.
- [9A.44.120](#) Admissibility of child's statement -- Conditions.
- [9A.44.130](#) Registration of sex offenders and kidnapping offenders -- Procedures -- Definition -- Penalties.
- [9A.44.135](#) Address verification.
- [9A.44.140](#) Registration of sex offenders and kidnapping offenders -- End of duty to register -- Expiration of subsection.
- [9A.44.145](#) Notification to offenders of changed requirements.
- [9A.44.150](#) Testimony of child by closed-circuit television.
- [9A.44.160](#) Custodial sexual misconduct in the first degree.
- [9A.44.170](#) Custodial sexual misconduct in the second degree.
- [9A.44.180](#) Custodial sexual misconduct -- Defense.
- [9A.44.900](#) Decodifications and additions to this chapter.
- [9A.44.901](#) Construction -- Sections decodified and added to this chapter.
- [9A.44.902](#) Effective date -- 1979 ex.s. c 244.
- [9A.44.903](#) Section captions -- 1988 c 145.



# WASHINGTON STATE LEGISLATURE

## RCW 13.40.570

### Sexual misconduct by state employees, contractors. (Effective July 1, 2006.)

- (1) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an offender has occurred, notwithstanding any rule adopted under chapter [41.06](#) RCW the secretary shall immediately suspend the employee.
- (2) The secretary shall immediately institute proceedings to terminate the employment of any person:
  - (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or
  - (b) Upon a guilty plea or conviction for any crime specified in chapter [9A.44](#) RCW when the victim was an offender.
- (3) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and an offender has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have any access to any offender.
- (4) The secretary shall disqualify for employment with a contractor in any position with access to an offender, any person:
  - (a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or
  - (b) Upon a guilty plea or conviction for any crime specified in chapter [9A.44](#) RCW when the victim was an offender.
- (5) The secretary, when considering the renewal of a contract with a contractor who has taken action under subsection (3) or (4) of this section, shall require the contractor to demonstrate that there has been significant progress made in reducing the likelihood that any of its employees will have sexual intercourse or sexual contact with an offender. The secretary shall examine whether the contractor has taken steps to improve hiring, training, and monitoring practices and whether the employee remains with the contractor. The secretary shall not renew a contract unless he or she determines that significant progress has been made.
- (6)(a) For the purposes of RCW [50.20.060](#), a person terminated under this section shall be considered discharged for misconduct.
- (b)(i) The department may, within its discretion or upon request of any member of the public, release information to an individual or to the public regarding any person or contract terminated under this section.
- (ii) An appointed or elected public official, public employee, or public agency as defined in RCW [4.24.470](#) is immune from civil liability for damages for any discretionary release of relevant and necessary information, unless it is shown that the official, employee, or agency acted with gross negligence or in bad faith. The immunity provided under this section applies to the release of relevant and necessary information to other public officials, public employees, or public agencies, and to the public.
- (iii) Except as provided in chapter [42.56](#) RCW, or elsewhere, nothing in this section shall impose any liability upon a public official, public employee, or public agency for failing to release information authorized under this section. Nothing in this section implies that information regarding persons designated in subsection (2) of this section is confidential except as may otherwise be provided by law.
- (7) The department shall adopt rules to implement this section. The rules shall reflect the legislative intent that this section prohibits individuals who are employed by the department or a contractor of the department from having sexual intercourse or sexual contact with offenders. The rules shall also reflect the legislative intent that when a person is employed by the department or a contractor of the department, and has sexual intercourse or sexual contact with an offender against the employed person's will, the termination provisions of this section shall not be invoked.
- (8) As used in this section:
  - (a) "Contractor" includes all subcontractors of a contractor;
  - (b) "Offender" means a person under the jurisdiction or supervision of the department; and
  - (c) "Sexual intercourse" and "sexual contact" have the meanings provided in RCW [9A.44.010](#).

Volunteer Initials

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**BENTON-FRANKLIN JUVENILE JUSTICE CENTER  
STATEMENT ON VOLUNTEER RIGHTS AND  
RESPONSIBILITIES IN AGENCIES**

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In an effort to maintain facility safety and achieve the volunteer's goals, the following rights and responsibilities need to be made clear as a matter of policy:

**VOLUNTEER RIGHTS:**

- A. Treated as non-paid staff
- B. Assignment based on interest, ability, and agency needs
- C. Undergo screening
- D. Receive initial training for assigned department and further training as deemed appropriate by the Juvenile Court.
- E. Register complaints about program to chain of command (1) Supervisor/Lead Staff, (2) Program Manager or (3) Administrator

**VOLUNTEER'S RESPONSIBILITIES:**

- A. Complete applicant packet
- B. Sign-In at front desk and obtain volunteer badge each time you enter agency
- C. Act in professional manner as non-paid staff
- D. Never overstate or misuse authority of position
- E. Maintain confidentiality
- F. Keep records of time spent
- G. Understand role of paid staff; stay in bounds of volunteer responsibility
- H. Dress and speak as a professional
- I. Provide valid record checks
- J. Report problems or concerns to Program Manager
- K. Obey rules of agencies and state laws

**TERMINATION OF A VOLUNTEER:**

Volunteer will not be allowed access to Juvenile Justice Center if any of the following occur:

- A. Possessing or consuming intoxicants or illegal drugs while volunteering
- B. Possession of weapons while volunteering
- C. Immoral behavior
- D. Misuse of Juvenile Justice Center property
- E. Physical violent acts
- F. Repeated dereliction of duty regarding responsibility to client
- G. Dereliction of duty as a role model, (i.e. inappropriate behavior, obscene language, demeanor or apparel)
- H. Breach of confidentiality
- I. Abuse of authority of position

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VOLUNTEER – Signature required

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DATE

JUDGES  
Hon. Vic L. VanderSchoor  
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### VOLUNTEER BACKGROUND CHECK AUTHORIZATION AND RELEASE

**PRINT LEGIBLY:**

_____ Last Name	_____ First Name	_____ Middle Name
_____ All Other Previous Names Used	_____ Date of Birth (MM/DD/YYYY)	_____ Social Security Number
_____ Driver's License Number/State		

States of Residence (Current and all former within last 10 years)

#### Acknowledgement

A background check is required of all Benton-Franklin Counties Juvenile Justice Center (BFJJC) volunteers assigned to work with youth or programs affiliated with BFJJC. Successful completion of the background check, as determined by BFJJC, is required prior to the first day of assignment. **I understand that volunteer status with BFJJC is contingent upon the results of a background check. I understand that adverse findings during my background check may result in withdrawal of any offer of assignment with BFJJC, and/or termination of my assignment with BFJJC. I further understand that if I am found to have made any false or misleading statements in my application or background check materials, I may have my volunteer status terminated even after I have started an assignment, and may subject myself to criminal prosecution.**

#### Authorization and Release

I hereby authorize BFJJC to conduct a background check in connection with my application for volunteer assignment with BFJJC. **I understand that this background check may include, but is not limited to, a review of records on file with the Washington State Patrol, the FBI National Crime Information Computer (NCIC) and Interstate Identification Index (III), local law enforcement agencies, the Department of Licensing, courts of law, and other agencies, and also may, depending upon my assignment, involve fingerprinting. I understand that a more comprehensive background check is required for certain BFJJC volunteer positions and may include review of records relating to arrests and/or other contacts with law enforcement.**

**This release form authorizes yearly background checks as required by law on all CASA/GAL volunteers while on active cases.**

I hereby authorize and request any person, government entity, law enforcement or criminal justice agency and/or other organization (public or private) to provide any information and/or records solicited by BFJJC in connection with my volunteer application with BFJJC. I hereby release those persons and entities, and BFJJC, its elected officials, judges, directors, appointees, managers, employees, volunteers, agents, and assigns, from any and all liability that may result from providing and/or soliciting such information and/or records. A facsimile copy or photocopy of this waiver shall have the same force and effect as a copy with my original signature.

**Adverse History Information**

The following information pertains to all incidents, whether under Washington State law, the law of another State, or federal law. If you answer "yes" to any question, please provide details including the date, location/jurisdiction, case number, charge if applicable, and arresting agency if possible.

Yes  No Have you ever been convicted of, or are you currently charged with, any crime (this includes adjudications as a juvenile unless expunged or vacated)?

Yes  No Have you ever been found by way of any judicial, administrative, or employer process or investigation to have committed sexual harassment or to have engaged in any other forcible or nonconsensual sexual conduct?

Yes  No Have you ever been terminated from employment or a previous position (including volunteer positions), or permitted to resign in lieu of termination?

**Continuing Nature of Adverse Information**

I understand that during all times I have volunteer status with BFJJC, that I am required to inform my immediate supervisor or coordinator any time I am charged with or convicted of any crime, and any time I am named as a defendant/respondent in any lawsuit or complaint alleging sexual harassment or other forcible or nonconsensual sexual conduct. I understand that failure to make such notification within one business day of such action, excluding any time I am incarcerated or otherwise incapable of making such notification, shall be grounds for discipline up to and including immediate termination of my volunteer status with BFJJC.

**I have read, fully understand, and voluntarily provide this Authorization and Release. By signing below, I also certify, under penalty of perjury as provided by the laws of the State of Washington, that I am the person identified above, and that all of the biographical, adverse history, and other information provided above is true, correct, and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature Of Volunteer Applicant

\_\_\_\_\_  
Date

***Volunteer: A copy of your valid Washington State Driver's License or ID card must be included with this form when returned***

**FOR OFFICE USE ONLY: Department or Program Manager: CASA/GAL PROGRAM**

Person/Program submitting form for check:	<b>CASA/GAL Program</b>	<b>Date:</b>	<b>Approved - OK to use</b>	_____ <b>Please initial</b>
Police & Driving Record Checks Done by:	<i>G. Sawyer</i>	Program Manager		
Date/Initials:			<b>Disapproved - Do not use</b>	_____ <b>Please initial</b>
Date/Initials:				
Date/Initials:				
Date/Initials:				
Date/Initials:				
Date/Initials:				
Date/Initials:				
Date/Initials:				



**WAIVER OF CONFIDENTIALITY  
CASA PROGRAM**  
*FORM APPROVED 10-07*

I, \_\_\_\_\_, have applied to serve as a CASA/volunteer Guardian ad Litem in Dependency cases for Washington Courts. As part of the application process, I understand that I must submit to a criminal background check by providing fingerprint images to the Washington State Patrol and the Federal Bureau of Investigation. Furthermore, I understand that before I am assigned a dependency case, the Local CASA program manager pursuant to local standards must review and consider any information reported by the criminal background check.

By signing this form, I hereby acknowledge that criminal background information and other criminal history related information received from the Washington State Patrol and Federal Bureau of Investigation criminal background check will be released to the following:

1. Benton/Franklin CASA/GAL Program
2. Administrative Office of the Courts
3. \_\_\_\_\_  
(list other agency if applicable)

\_\_\_\_\_  
CASA Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Program Manager Signature

\_\_\_\_\_  
Date

**BENTON/FRANKLIN COUNTIES CASA/GAL PROGRAM  
VOLUNTEER BACKGROUND INFORMATION SHEET**

<b>NAME:</b> _____	<b>RACE:</b> _____
<b>HIGH SCHOOL:</b> _____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	(for statistical purposes only; will not be included on Background Information Record)

<b>COLLEGE ATTENDED:</b>				
Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved (BA, BS, etc)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>GRADUATE SCHOOL ATTENDED:</b>				
Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**OTHER COUNTIES OR CASA/GAL PROGRAMS IN WHICH YOU WERE APPOINTED; DATE AND NUMBER OF APPOINTMENTS IN THAT COUNTY/PROGRAM:**

**OTHER TRAINING RELEVANT TO CASA/GAL ROLE: (Please List)**

I understand that as a condition of appointment, a guardian ad litem's background information record shall be made available to the court (per RCW 13.34.100). I agree to inform the Benton/Franklin CASA/GAL Program of any updates to the background information provided above.

\_\_\_\_\_  
**Volunteer's signature**

\_\_\_\_\_  
**Date**

**AUTHORIZATION TO DISCLOSE RECORDS OF:**

NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH
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The following information may help in locating records: FORMER NAMES

CLIENT IDENTIFICATION NUMBER	OTHER IDENTIFICATION NUMBER	DATES OF SERVICE	LOCATION OF SERVICE
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**DISCLOSE TO:**

NAME	LAST	FIRST	MIDDLE	TITLE
	<b>Davidson</b>	<b>Sheila</b>		<b>CASA/GAL Program Coordinator</b>

ORGANIZATION OR BUSINESS NAME IF APPLICABLE  
**Benton/Franklin CASA/GAL Program**

ADDRESS	CITY	STATE	ZIP CODE
<b>5606 W Canal Place, Suite 106</b>	<b>Kennewick</b>	<b>WA</b>	<b>99336</b>

TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS
<b>509-736-2761</b>	<b>509-736-2728</b>	<b>sheila.davidson@co.benton.wa.us</b>

REASON FOR DISCLOSURE  
**Records check for CASA/GAL volunteer**

## AUTHORIZATION:

**SOURCES:** I authorize the following programs to disclose or give access to confidential information about me as described below. Information may be provided verbally or by computer data transfer, mail, fax, or hand delivery.

- The following programs only (check all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Aging and Disability Services Administration         | <input checked="" type="checkbox"/> Children's Administration             |
| <input type="checkbox"/> Economic Services Administration assistance programs | <input type="checkbox"/> Division of Child Support                        |
| <input type="checkbox"/> Financial Services Administration                    | <input type="checkbox"/> Juvenile Rehabilitation Administration           |
| <input type="checkbox"/> Medical Assistance Administration                    | <input type="checkbox"/> Division of Alcohol and Substance Abuse          |
| <input type="checkbox"/> Division of Vocational Rehabilitation                | <input type="checkbox"/> Mental Health Division including state hospitals |
| <input type="checkbox"/> Other: _____   |   |
- All parts of the Department of Social and Health Services (DSHS)

**RECORDS:** I authorize the following records to be disclosed:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Client records held by parts of DSHS marked above       | <input type="checkbox"/> All my client records        |
| <input checked="" type="checkbox"/> Confidential records held by parts of DSHS marked above | <input type="checkbox"/> Records on the attached list |
| <input type="checkbox"/> The following records only:  |   |
- I want to limit the records to be disclosed as follows (by date, type of record, etc.): **Founded allegations of abuse or neglect**

**PLEASE NOTE:** If your client or confidential records include any of the following information, you must also complete the below section to allow disclosure of these records.

- SPECIAL RECORDS:** I give my permission to disclose the following records (check all that apply):
- HIV/AIDS and STD test results, diagnosis or treatment records (RCW 70.24.105)
- Mental health records (RCW 71.05.620) including:
- Chemical Dependency (CD) records (42 CFR Part 2) including:

- This permission is valid for  90 days or  until **Termination of CASA/GAL Status** (date or event).
- I may revoke or withdraw my permission in writing at any time, but that will not affect information already disclosed.
- I understand that my records may no longer be protected under the laws that apply to DSHS after this disclosure.
- A copy of this form is valid to give my permission to disclose records. DSHS may charge to provide copies of its records.

AUTHORIZED BY (SIGNATURE)	DATE SIGNED	TELEPHONE NUMBER (INCLUDE AREA CODE)
---------------------------	-------------	--------------------------------------

PRINT NAME	WITNESS/NOTARY (SIGN AND PRINT NAME, IF APPLICABLE)
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If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent of minor     Legal Guardian     Personal Representative     Other:

**Notice to those receiving information:** If these records contain information about HIV, STDs, or alcohol or drug abuse, you may not further disclose that information under federal and state law without specific permission of the subject and meeting specific legal requirements.

## INSTRUCTIONS FOR COMPLETION OF AUTHORIZATION FORM

**Purpose:** You should use this form when you want DSHS to be able to disclose confidential information about you to another person (including an attorney, a legislator, or a relative). You may give permission to disclose all confidential records DSHS has about you or you may limit your permission to specific records or parts of the agency. This form will also permit DSHS to discuss your situation verbally with the person you authorize.

**Notice to Clients:** Most client information DSHS has is confidential and will not be disclosed to others unless you grant permission or if disclosure is allowed by law. After DSHS discloses your confidential information, please be aware that the recipient may not protect your records under the same laws that apply to DSHS. DSHS cannot refuse you benefits if you do not sign this form to allow disclosures to DSHS unless your authorization is needed to determine eligibility. For information on how DSHS shares client confidential information and your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person who gave you this form.

**Use:** You may fill out this form electronically or by hand. Use the tab key on a computer to move between fields. **A separate form must be completed for each person whose records are requested, including children.** "You" refers to the subject of the records.

### **Parts of Form:**

#### IDENTIFICATION OF SUBJECT OF RECORDS:

- **Name:** Provide your full name or the name of the person whose records are requested if you are acting for someone else.
- **Date of birth:** Please include this information needed to identify you from persons with similar names.

#### OPTIONAL INFORMATION to help locate records:

- **Former names:** Include any other names that have been used when receiving benefits or services.
- **Client identification number:** Provide any number that DSHS may have assigned.
- **Other identification number:** Include a social security number or other identifier that could help locate DSHS records.
- **Date and location of services:** Provide this information to help DSHS identify and locate the records you want disclosed.

#### PERSON RECEIVING RECORDS:

- **Identification:** Please fill out this section as fully as possible so we can contact the person or organization who will have access to your confidential information.
- **Reason for Disclosure:** This information is required before DSHS can share drug and alcohol or mental health records. If you do not fill in this field, DSHS will note the reason for disclosure as being at your request.

#### AUTHORIZATION:

- **Parts of DSHS:** Please mark either the parts of DSHS you want to disclose records or mark the bottom box in this section if you want to give access to all records DSHS has about you. Write in the name of program in "Other" if not in the list.
- **Information disclosed:** Indicate what records that you want disclosed. You may allow disclosure of all or part of your DSHS client records. You may also limit disclosure to client records held only by the parts of the agency marked in the section above, or to specific records listed on this form or on an attachment you sign. If there are any limitations on what records you want disclosed, either list specific records or describe the limits, such as by date of services or type of record.
- **Restricted records:** If any of the records may include information about HIV/AIDS or STD testing or treatment, mental health treatment, or drug and alcohol services, you must check each item to allow DSHS to disclose these records. You need to complete a separate form to authorize disclosure of psychotherapy notes (45 CFR 164.508(b)(3)(ii)).
- **Validity:** This form is valid to give access to information currently held by DSHS. Your permission expires 90 days after signature or on any other date you provide, except disclosure of information by a health care provider about your future health care is limited to 90 days under RCW 70.02.030. You may revoke the authority to release records in writing at any time but it will be too late to take back information already disclosed.
- **Cost:** The public disclosure law in RCW 42.17.260 and WAC 388-08-080 allows DSHS to charge for copies of records plus postage. State hospitals and health care facilities may impose a higher charge for patient records under Chapter 70.02 RCW.

#### SIGNATURES:

- **If you are the subject of the records,** sign and also print or type your name below. Insert the date you signed plus your telephone or contact number.
- **If you are signing for another person,** indicate why you can do so on the last line and attach a copy of the court order or other document giving you legal authority. Children must also sign to give permission to disclose their own confidential records if they are over the age of consent (13 for mental health and drug and alcohol services; 14 for information about HIV/AIDS or other STDs; any age for birth control and abortions; 18 for health or other records).
- **Witness or notary:** A witness or notary may be needed to verify your identity if you do not submit this form in person or if a program requests verification. This person should sign and print his or her name.

**NOTICE TO DSHS:** If these records contain HIV or STD information, DSHS must notify recipients that the information is confidential and that they may not further disclose the records without a specific authorization as required by RCW 70.24.105(5). If DSHS sends copies of records regarding drug or alcohol services under this authorization, DSHS must include the following statement when disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.