



CLALLAM COUNTY JUVENILE & FAMILY SERVICES
1912 West 18th Street · Port Angeles, WA 98363
360-417-2282 · fax: 360-457-4875
juvenile@clallamcountywa.gov

Greetings!

Thank you for your interest in the Clallam County Child Advocates / GAL (Guardian ad Litem) Program. We know that you care about children and want what is in their best interest or you would not have requested this information. If

After reading the enclosed documents, please return the complete set of application forms noting your preference to volunteer as a Child Advocate to:

**CLALLAM COUNTY JUVENILE AND FAMILY SERVICES
Child Advocate (GAL) PROGRAM
1912 WEST 18TH STREET
PORT ANGELES, WA 98363
juvenile@clallamcountywa.gov**

The Application Packet Includes the following:

- Volunteer Application
- Volunteer Disclosure Statement
- Volunteer Waiver & Authorization to Release Information Form
- Request for Driving Record (driving abstract from DOL)

Please also include:

- A photo copy of your driver's license and proof of car insurance (you can email it to us)

The screening process consists of:

1. A criminal background check
2. Fingerprinting
3. Driving Abstract

Once we receive your application, we will contact you to schedule a meeting. We will also discuss enrollment in our next 30-hour Child Advocate training. At any time during the process a candidate may withdraw or the Program Coordinator may conclude this work is not a good fit for the candidate.

Upon completion of the training and after being sworn into office, the volunteer is assigned a case.

There is no more important work than advocating for our most vulnerable population - abused and neglected children. We hope you will choose to become a Child Advocate Volunteer.

Sincerely,

Kimberly Burns, Court Services Manager
Valerie Brooks & Jennifer Petty, Program Coordinators
Alicia Scofield, Volunteer Coordinator
Tracie Pyeatt, Administrative Assistant



CLALLAM COUNTY CONFIDENTIALITY AGREEMENT

As an employee or volunteer of Clallam County, I understand that I may have access to "Confidential Information," which includes but is not limited to intelligence information, criminal history information, record information, investigative information, financial information, business practices/strategies, medical records, social security numbers, tax information, payroll, data bases and other sensitive information, regardless of whether such information is expressly designated as "Confidential Information" at the time of its creation. Confidential Information may be in written, electronic or oral form.

I must comply with the following rules to be a volunteer or employee of Clallam County.

1. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, unless doing so serves a purpose or function of County government.
3. I understand my personal access code, user ID numbers and passwords used to access County computer systems must not be disclosed and are an essential part of retaining confidentiality unless authorized to do so and permissible by County policy (420).
4. I understand improper disclosure of such information by me, could be a violation of law as well as Clallam County Policy, and I would then be subject to disciplinary action up to and including dismissal, in addition to any civil or criminal penalty provided by law.
5. I will not assist any other person in obtaining or reviewing Confidential Information that the other person is not authorized to obtain or review, and I will immediately report to my department head or direct supervisor any activity that is a violation of this Agreement or any County policy.
6. I will always act in a professional manner with respect to Confidential Information, such that I will not discuss Confidential Information where unauthorized listeners might hear it, nor will I engage in transmitting or repeating gossip or hearsay, knowing that such disclosures could reflect unfavorably on both the County and me.
7. Transportation of Confidential Information shall be done with all County safeguards in place.
8. If I cease employment or volunteer status with the County I will leave in the custody of the County all Confidential Information, regardless of their format.
9. I understand the terms of this Agreement continue to apply after I am no longer a County employee or volunteer.

BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO COMPLY WITH ALL OF ITS TERMS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE OF EMPLOYMENT AND/OR SUSPENSION AND LOSS OF PRIVILEGES, IN ACCORDANCE WITH CLALLAM COUNTY'S DISCIPLINE POLICY, AS WELL AS LEGAL LIABILITY.

SIGNATURE OF EMPLOYEE/VOLUNTEER: _____

PRINT NAME: _____ DATE: _____



Request for Driving Record:

FIRST NAME	MIDDLE NAME	LAST NAME
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PLEASE COMPLETE THE FOLLOWING: DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO. IF YES, PLEASE INDICATE STATE/NUMBER: _____ . HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS OR BEEN INVOLVED IN A VEHICULAR ACCIDENT IN THE LAST 5 YEARS? YES NO. IF YES, PLEASE LIST AND EXPLAIN ALL INCIDENTS. INCLUDE ANY NOTICES YOU HAVE RECEIVED SINCE GETTING AN ABSTRACT OF DRIVING RECORD WITHIN THE LAST 6 MONTHS.

GH5 H9	ACBH<#M95 F	HMD9 C: J-C @ H-CB# LD @ B5 H-CB

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessary remove you from consideration, but the County will consider your driving record and insurability when making employment decisions.

**H Y]bZfa U]cb`dfcj]XYX`Uvcj Y]g`hfi Y`rc`h YVYghcZa m_bck`YX[Y" =i bXYfgHbX`h Uhdfcj]X]b[`ZUgY`
 bZfa U]cb`]g`WU] gY`Zf`Y]a]bU]cb`]b`h YgY`W]cb`dfcWgg`cf`X]ga]ggU`Zca `Ya d`cna`Ybh`**

SIGNATURE OF APPLICANT

DATE SIGNED

5`7ca d`Yh`8f]j]b[`F`Wf`fX.` For pre-employment purposes, once a **Ô[}`ãã }`ãU`-!`Á`-Á[] [{ ^ }`ã** has been made **É** Applicants need to submit their Driving Abstract to Clallam County Human Resources. Complete driving records may be obtained online from the Washington State Department of Licensing, or at any Washington State Department of Licensing branch office, for a fee of \$15.00. (Other states may have different procedures.) This fee is at the applicant's own expense. We will only accept driving records that are **^••`ã@`A`ã`Á`D` []`c@`Á`ã.**

Jc`i bhYfg.` Please note County Volunteers are also expected to submit a Driving Abstract. Refer to the above paragraph for information on where to do so. This fee will be reimbursed by the County. However, you must submit your receipt in order to be reimbursed. Please understand that reimbursement may take up to three weeks.

7ci bmi8f]j]b[`GHbXUfXg.`

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified from driving on behalf of the County under the following circumstances:

J]c`U]cbg.` More than two moving infractions within the preceding three years, or felony, or criminal traffic violations within the preceding five years.



CLALLAM COUNTY
WAIVER AND AUTHORIZATION TO RELEASE
BACKGROUND & PERSONAL HISTORY INFORMATION
TO BE COMPLETED BY APPLICANT FOR THE PURPOSE OF A BACKGROUND CHECK

A personal and criminal background investigation will be conducted before hiring and/or volunteering for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental or job-related tests may be required depending upon the position for which you are applying. Proof of name and date of birth is required. *I fully understand that this document, and all information contained herein, is subject to release during the process of collecting information outlined below.*

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: _____

OTHER NAMES KNOWN BY: _____ **DATE OF BIRTH:** ____/____/____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION:

TO WHOM IT MAY CONCERN: I, _____, sign this waiver and authorization (or "authorization") knowingly and voluntarily and acknowledge by signing this document I am surrendering certain legal rights I may otherwise hold, such as those provided in federal law at 5 U.S.C. §552(a). I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Clallam County, whether the said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, based upon this authorization will be considered in determining my suitability for employment by the Clallam County Human Resources Department. I understand that all materials pertaining to this background investigation become the property of the Clallam County Human Resources Department and I will not have access to any of the background investigation.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Clallam County Human Resources Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and to the sources of information specifically identified herein.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including pre-employment background investigation reports, investigative files, efficiency ratings or other forms of evaluations, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records; any military service records, records of complaint of a civil nature made by or against me, whatsoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record.

I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of their compliance with this request. I also agree to indemnify and hold harmless Clallam County, its agents and employees from and against all claims for damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, release of such information identified in this document. I further understand, the sources of confidential information will not be revealed to me. I will make NO attempt to gain access to the information in possession of Clallam County and/or its agencies or departments in conjunction with this employment process. I hereby expressly waive any right I may have to request such information from Clallam County.

* A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

This release will expire ninety (90) days after date of execution and, prior to that time may be revoked by the applicant. However revocation of this "Waiver and Authorization of Release" will be deemed a simultaneous withdrawal of the signer's application for County employment.

Signature

Date of Execution:

Printed Name

