

**SUPERIOR COURT OF KITSAP COUNTY
JUVENILE AND FAMILY COURT SERVICES**

DIRECTOR OF SERVICES
MICHAEL S. MERRINGER

COURT COMMISSIONER
THURMAN W. LOWANS

1338 SW Old Clifton Road
Port Orchard, WA 98367-9113
Phone: (360) 337-5401
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JUDGES:
LEILA MILLS
SALLY F. OLSEN
JEANETTE DALTON
KEVIN D. HULL
JENNIFER A. FORBES
WILLIAM C. HOUSER
MELISSA HEMSTREET
JEFFREY BASSETT

CHILD ABUSE AND NEGLECT FOUNDED FINDINGS REQUEST

The information provided through this service is limited to the existence of founded findings (substantiated findings) of allegations of child abuse and neglect, and complies with the Adam Walsh Child Protection and Safety Act of 2006 for purposes of approving employees or volunteers for work at Kitsap County Juvenile and Family Court Services.

Applicant Information		
Full Name (<i>Last, First Middle, Suffix</i>)		Date of Birth (YYYY/MM/DD)
Previous Names Used (<i>Maiden, Alias, etc</i>)	Gender	Social Security Number
Last Washington State Address (<i>Street, City, State, Zip Code</i>)		
<i>I acknowledge that I am waiving my right to confidentiality of information about child abuse and neglect (CA/N) history, including any founded findings of abuse and neglect, and authorizing its release to Kitsap County Juvenile and Family Court Services.</i>		
Applicant Signature		Date Signed

Please return the results of this request to Kitsap County Juvenile and Family Court Services as follows:

Requestor Information		
Full Name (<i>Last, First Middle, Suffix</i>) MERRINGER, MICHAEL		Agency Name / Position Title KITSAP COUNTY JUVENILE DEPARTMENT, DIRECTOR
Agency Address (<i>Street, City, State, Zip Code</i>) 1338 SW OLD CLIFTON RD PORT ORCHARD WA 98367		
Telephone Number 360-337-5465	Email Address mmerringer@co.kitsap.wa.us	
Requestor Signature		Date Signed

Response by the Washington State DSHS Children's Administration
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KITSAP COUNTY CRITERIA FOR VOLUNTEER ACCEPTANCE

A volunteer accepted into the Kitsap County Juvenile and Family Court Services Department:

- Shall have no criminal record involving child abuse, sexual assault or any record that would leave ability to deal with children/youth in question. Volunteer must be able to pass a criminal background check.
- Shall have no pending criminal charge. No criminal history for which they are currently participating in any Court ordered services or supervision.
- Shall be aware that any criminal history may exclude acceptance into the volunteer program.
- Shall have no record with DSHS that involves substantial or repeated charges of child abuse/neglect. No personal involvement in any currently pending dependency case that might compromise objectivity of the volunteer.
- Must have, when applicable, positive recommendations from two of the three personal references given.
- Must have proof of automobile liability insurance.
- Must have absence of extreme answers on questionnaire or during interview including any statement that might indicate prejudice against any race or religion.
- Must display no obvious animosity toward any agency involved in the system (i.e. the Superior Court, Juvenile Court, CPS/CWS, foster care, etc.)
- Must demonstrate skills to include:
 - empathy/caring
 - objectivity/open mind
 - control in crisis situations
 - diplomacy/tact
 - assertiveness
 - good listener
 - observant
 - good communicator
 - patience/ability to tolerate frustration
 - responsibility
 - common sense
 - concern for children/youth
 - dependability
 - honesty, integrity & stability.

Have you ever been charged, convicted or arrested for any crime or do you have any charges pending? _____
 If yes, list each separately; noting the Court(s), charge(s), place(s), date(s), and disposition(s), and if and when all Court requirements were met: _____

Do you have any history of alcohol or drug problems? _____ If yes, please explain exactly what problems, over what period of time, and length of sobriety: _____

Have you ever undergone any psychiatric/psychotherapeutic counseling? _____ If yes, how long ago, please explain: _____

Are there any reasons why you would not be able to perform the essential functions of a KCJFCS Volunteer? _____

If yes, please explain: _____

Please list any skills/qualifications you possess which may be of value to your work as a KCJFCS volunteer? _____

Please list **three non-relative references** that have known you at least two years and can vouch for your character and ability to work with children/youth. **Complete mailing addresses are required.**

PERSON'S NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	PHONE	YEARS KNOWN	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The existence of a criminal record or an emotional or substance abuse problem does not necessarily disqualify you from volunteering.

I hereby certify that the information on this application is true and complete. I authorize Kitsap County Juvenile and Family Court Services (KCJFCS) to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking with KCJFCS.

I also understand as a KCJFCS volunteer I will be performing services for civic, charitable or humanitarian reasons, or to complete requirements for certifications or to improve employment opportunities; I have not been promised and have no expectation of compensation for services rendered; and offer my services freely and without pressure or coercion, direct or implied, from the County.

I hereby release KCJFCS, its employees, officers, directors, and agents from any claims, lawsuits, or actions I, my heirs, or legal representatives may have for any personal injury and/or property damage I may incur as a result of my voluntary services except those damages caused by the sole negligence or willful misconduct of KCJFCS employees. I understand that, but for this release of any and all liability, the County would not accept my offer of volunteering service.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND RELEASE OF LIABILITY.

Volunteer's Signature

Date

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Kitsap County Juvenile and Family Court Services Department
Volunteer Program
1338 SW Old Clifton Road
Port Orchard, WA 98366

I, _____, do hereby consent to and authorize the release of all information in the hands of any agency or person regarding any current or past criminal history and other legal information including probation and/or parole status.

I authorize the Department of Licensing, State of Washington, to release my driving record, to include all department actions, employment and non-employment accidents and violations, suspensions, revocations, reinstatements, and driver improvement actions which have occurred within the last 5 years.

I consent to and authorize the Department of Social and Health Services to release all information contained in their records or in the Central Registry of Child Abuse and Neglect.

The purpose of this release is to facilitate determination of my fitness for the volunteer position I am seeking with the Kitsap County Juvenile and Family Court Services (KCJFCS) Department and may not be used for any other purpose without my written consent.

In addition, I give permission for KCJFCS Department to complete a character reference check. This may be by phone or in writing and may include past/present employers, volunteer organizations and/or personal references.

This consent expires upon my written notification to KCJFS Department Volunteer Program.

Print Full Name

Signature

Date

Confer.doc
(updated 5/96)

CRIMINAL HISTORY REPORTING REQUIREMENTS

R.C.W 13.34.100 requires each guardian ad litem program maintain a background information record for each guardian ad litem in the program. The background file shall include, but is not limited to, the following information: (a) level of formal education; (b) training related to the guardians duties; (c) number of years experience as a guardian ad litem; (d) number of appointments as a guardian ad litem and the county or counties of appointment; and (e) criminal history as defined in RCW 9.94A.30 which states:

“Criminal history” means the list of a defendant’s prior convictions and juvenile adjudications, whether in this state, in federal court, or elsewhere. The history shall include, where known, for each conviction (a) whether the defendant has been placed on probation and the length and terms thereof; and (b) whether the defendant has been incarcerated and the length of incarceration.

The background information report shall be updated annually. As a condition of appointment, the guardian ad litem’s background information shall be made available to the court. Further, the guardian ad litem program shall provide the parties or their attorneys with a statement containing any training related to the duties as guardian ad litem and criminal history defined in RCW 9.94A.030 for the period covering ten years prior to the appointment.

For volunteer guardian ad litem, the court may allow the use of maiden names or pseudonyms as necessary for their safety.

Volunteer Signature

Date

**APPLICATION FOR VOLUNTEER PLACEMENT
WITH KITSAP COUNTY JUVENILE AND
FAMILY COURT SERVICES DEPARTMENT**

Name _____

Are you a licensed driver? _____ Car license number _____

Driver's License Number _____

Can you provide proof of automobile liability insurance at the time of interview? _____

Do you have regularly available transportation? _____

Name of Agent/Company _____

List any driving restrictions _____

List date(s) and reason(s) for all traffic citations that have occurred in the last five (5) years

BE SURE YOU HAVE ANSWERED EVERY QUESTION THOROUGHLY.

All answers and statements are true and complete. I understand that untruthful, misleading, or omission of answers are cause for rejection of my application or my dismissal from the program.

Volunteer Signature

Date

**APPLICATION FOR VOLUNTEER PLACEMENT
WITH KITSAP COUNTY JUVENILE AND
FAMILY COURT SERVICES DEPARTMENT**

Please print or type clearly

Name _____ Date _____

How did you find out about the KCJFCS Volunteer Program? _____

Is there a specific area of the department you would be interested in providing your services? YES ___ NO ___

If yes, where? _____

Is this volunteer placement for work experience? YES ___ NO ___

Is this volunteer placement for school credit? YES ___ NO ___

Is this a school requirement? YES ___ NO ___

How many hours do you need to complete? _____
Between ___/___/___ and ___/___/___

Would you be willing to give a minimum commitment of:
6 months ___ 12 months ___ Duration of case assignment (CASA only) _____

Please check the possible times you are available to volunteer:

Time Available	Morning	Afternoon	Evening	State any further explanation of the availability or restrictions on your time.
MONDAY	()	()	()	_____
TUESDAY	()	()	()	_____
WEDNESDAY	()	()	()	_____
THURSDAY	()	()	()	_____
FRIDAY	()	()	()	_____