

**Grays Harbor County CASA**  
1017 S. Boone St. #312  
Aberdeen, Wa 98520  
Phone: (360) 612-3273 Fax: (360) 637-8091

**Position Title: Executive Administrative Assistant**

**Classification: Part-Time**

**Supervisor: Executive Director**

**Program Description: The CASA/GAL Program in Grays Harbor County is concerned with children in abusive situations and is dedicated to seeking assistance for them. CASA/GAL Volunteers Investigate, Facilitate, Advocate and Monitor cases; they also make recommendations to the court based on the child(ren)'s best interests. The Executive Administrative Assistant will reflect a positive and hopeful attitude concerning the possibilities of the program and will possess the qualities of patience, diplomacy, and communication skills necessary to work with people. He/She will also have excellent organizational and leadership skills.**

**Mission Statement: *Grays Harbor County CASA Program exists to recruit, train, support, and encourage court-appointed volunteers so that they can advocate for abused and neglected children, with the ultimate goal being that all children will thrive in safe, permanent homes.***

**Specific Job Duties:**

1. Assists Executive Director in all aspects of the Executive Director Position. This includes but is not limited to:
  - A. Public Relations
  - B. Basic Organizational Development
2. Provides technical assistance, guidance, support and information to volunteers.
3. Enters required case data into ETO system to track volunteer and child case information.
4. Mails out hearing notices and files them appropriately
5. Answers phones
6. Mails out ISSP's and other correspondence coming from attorneys/ DCFS to volunteers.
7. Participate in Grays Harbor CASA Training program.
8. Attend juvenile dependency court and manage docket file, including information management.

**Report and Record Keeping:**

1. Establishes and maintains client case files.

**Community Collaboration:**

1. Establishes and maintains good working relationships with other professionals, including attorneys, Division of Child and Family Services staff, court staff, and other CASA/GAL program Managers.
2. Establishes and maintains good working relationships with volunteers.

**Qualifications:**

- Knowledge of the interworking of a non-profit agency.
- Bachelor's degree in social service-related field or equivalent combination of education and work experience.
- The ability to communicate well with others.
- Knowledge and understanding of issues and dynamics surrounding families in crisis, child abuse, and neglect.
- Commitment to the CASA/GAL Program's mission, goals, and standards.
- The capability to work cooperatively with different types of personalities.
- Working knowledge of foster care system.

**I have read and understand the duties and requirements of this position:**

**Name** \_\_\_\_\_

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

**Signature** \_\_\_\_\_

# Grays Harbor CASA Application for Employment

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

## ANSWER ALL QUESTIONS - PLEASE PRINT

|  |                           |
|--|---------------------------|
| Applicant's Name (Last) (First) (Middle) | Date of Application       |
| Applicant's Address (Street)             | Applicant's Email Address |

Applicant's Address (City, State, Zip)

|                      |  |   |
|----------------------|--|---|
| Telephone<br>( ) ( ) | Business telephone where you can currently be reached<br>( ) ( ) | May we contact you there?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|--|---|

|  |  |
|--|--|
| Position(s) Applied For (List Job Titles)<br><b>Executive Administrative Assistant</b> | Status Desired<br><b>Part Time Employment only</b> |
|--|--|

Referral Source  Advertisement  Employment Agency \_\_\_\_\_  College/Career Placement Office  
 Job Fair  Employee  Other

|                     |                         |  |
|---------------------|-------------------------|--|
| Salary Requirements | Date Available for Work | Working knowledge of nonprofits and foster care system. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------|-------------------------|--|

|   |   |
|---|---|
| Are you 18 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Have you ever been convicted of a felony?  Yes  No

**Grays Harbor CASA works with foster children, which requires a background check. Individuals with felony convictions are not eligible.**

Are you licensed to drive?  Yes  No If Yes, in what state? \_\_\_\_\_ License # \_\_\_\_\_  
 Is your license currently under suspension for any reason?  Yes  No If yes, please explain.

### EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

|           |                       |                  |                             |                          |
|-----------|-----------------------|------------------|-----------------------------|--------------------------|
| Date From | Employer Name         | Employer Address |                             |                          |
| Date To   | Employer Phone Number | Job Title        | Starting Salary / Hrly Rate | Final Salary / Hrly Rate |

|          |   |                    |  |   |
|----------|---|--------------------|--|---|
| <b>1</b> | Supervisor  | Reason for Leaving |  |   |
|          | Work Performed  |                    |  | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
|          | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name? |                    |  |   |

|           |                       |                  |                             |                          |
|-----------|-----------------------|------------------|-----------------------------|--------------------------|
| Date From | Employer Name         | Employer Address |                             |                          |
| Date To   | Employer Phone Number | Job Title        | Starting Salary / Hrly Rate | Final Salary / Hrly Rate |

|          |                |                    |  |   |
|----------|----------------|--------------------|--|---|
| <b>2</b> | Supervisor     | Reason for Leaving |  |   |
|          | Work Performed |                    |  | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |

|           |   |                    |                             |   |
|-----------|---|--------------------|-----------------------------|---|
| Date From | Employer Name   | Employer Address   |                             |   |
| Date To   | Employer Phone Number   | Job Title          | Starting Salary / Hrly Rate | Final Salary / Hrly Rate  |
| <b>3</b>  | Supervisor  | Reason for Leaving |                             |   |
|           | Work Performed  |                    |                             | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name? |                    |                             |   |

|           |   |                    |                             |   |
|-----------|---|--------------------|-----------------------------|---|
| Date From | Employer Name   | Employer Address   |                             |   |
| Date To   | Employer Phone Number   | Job Title          | Starting Salary / Hrly Rate | Final Salary / Hrly Rate  |
| <b>4</b>  | Supervisor  | Reason for Leaving |                             |   |
|           | Work Performed  |                    |                             | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
|           | Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name? |                    |                             |   |

**PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS**

| Dates | Reason |
|-------|--------|
|       |        |
|       |        |

**REFERENCES (List professional references only. Do not list friends or relatives)**

| Name and Title | Address / Phone Number |
|----------------|------------------------|
|                |                        |
|                |                        |

| Education              | Name and Address of School | Course of Study | Did you Graduate? | List Diploma / Degree |
|------------------------|----------------------------|-----------------|-------------------|-----------------------|
| <b>High School</b>     |                            |                 |                   |                       |
| <b>College</b>         |                            |                 |                   |                       |
| <b>Other (Specify)</b> |                            |                 |                   |                       |

Are you known to schools by another name?  Yes  No If Yes, what name(s) are you known by?

Comments:

### **Pre Interview Statement**

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment and, should I be hired by Company, termination of my employment.

I authorize representatives of Company to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history records checks) and employers designated in this Application for purposes of verification and investigation of my educational, criminal record, driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Company representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Company, termination of my employment. Should I be employed by Company, I understand that I could be subject to an outside probe if accused of wrongdoing.

Company desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, Company shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Company. I hereby release all such information to Company and waive any right of confidentiality.

Submission of the application does not entitle me to be interviewed by Company. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Company to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Company makes a decision on whether or not to hire me or until the 30th day after submission of this application to Company, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Company in order to be considered for employment. Should I be employed by Company, I agree to comply with any and all employment rules and policies of Company.

After reading all of the terms of this application. I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Company is on an "at-will" basis, meaning that such employment may be permanently discontinued by either the Company (through discharge or lay/off) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between the Company and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the President of the Company. I agree to conform to the Company's rules and I also agree that I shall be subject to other conditions, which the Company may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

**Date**

**Applicant's Signature**

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