

**APPLICATION FOR LA PORTE COUNTY
CASA PROGRAM, INC.**

PLEASE PRINT



Name: _____

Address: _____

Telephone: _____ Cell: _____

May we call you at work? Yes _____ No _____

If so, what is your work number: _____

Email Address: _____

Social Security Number: _____

How long have you lived in La Porte County? _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ If married, maiden name: _____

If presently married, husband's/wife's name and occupation:

Name: _____

Occupation/Employer: _____

Children:

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of household:

Name	Relationship
_____	_____

Do you drive? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Do you have automobile insurance? Yes _____ No _____

What is the current status of your health? _____

EDUCATION

Do you have a high school diploma/ GED? Yes _____ No _____

Did you attend college? Yes _____ No _____

If so, name of college/university: _____

Major: _____

Degree: _____

Are you presently enrolled in school? Yes _____ No _____

If so, name of school and course of study: _____

WORK/VOLUNTEER HISTORY (Use another sheet of paper if necessary)

Name and address of present or last employer:

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

Name and address of next previous employer:

Dates: _____ Supervisor's Name: _____

Brief description of work: _____

Have you ever done any volunteer work? If so, please state: _____

List any other current community activities and membership in clubs, church and/or other organizations: _____

Languages spoken: _____

Hobbies/Special Interests: _____

When would you be available for volunteer services? Please check times/dates.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
AM	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____

Approximately how much time can you contribute weekly as a CASA Volunteer?

Do you have training or experience in any of the following?

_____ Medicine	_____ Mental Health	_____ Counseling
_____ Psychology	_____ Drug/Alcohol Programs	_____ Child Development
_____ Child Care	_____ Child Welfare	_____ Social Work
_____ Education	_____ Criminology	_____ Law Enforcement
_____ News Media	_____ Writing	_____ Public Speaking
_____ Art/Graphics	_____ Advertising/Public Relations	

If yes, please describe: _____

Have you ever been arrested for a crime? Yes _____ No _____

If yes, what charge: _____

Date of Arrest _____ Where _____

Can you think of any reason why Magistrate Nancy Gettinger might be reluctant to appoint you to a case? Yes _____ No _____

If yes, why? _____

How did you learn/hear about the CASA Program? _____

Please write a brief statement explaining why you want to work with the CASA Program.

Personal References

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

In case of an emergency contact: _____

Telephone Number: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the La Porte County CASA Program to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

Name (please print): _____

Signature: _____

Date: _____

Please return your completed application to the program office:

Harmony House/CASA Program of La Porte County
1005 Michigan Avenue
La Porte, IN 46350

For further information contact: 219.324.3385 or lfoglesong@lpcasa.com