

LA CASA, INC.
VOLUNTEER APPLICATION

Date: _____ Social Security No. _____

DOB: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ REFERRED BY: _____

If you are related to anyone in our employment, state name and address:

EDUCATION:

Highest grade completed: _____ High School _____ College

Course of Study: _____

Other formal education or training: _____

Professional Certification: _____

EMPLOYMENT HISTORY:

1) Present employer: _____

Name of supervisor: _____

Business address: _____

Occupation: _____

Length of employment: _____

Telephone number: (_____) _____

2) Previous employer: _____

Name of supervisor: _____

Business address: _____

Occupation: _____

Length of employment: _____

Telephone number: (____) _____

Reason for leaving: _____

PLEASE CHECK ANY PROGRAM YOU WOULD LIKE TO VOLUNTEER IN:

____ ADMINISTRATION

____ MEN'S PROGRAM

____ CHILDREN'S PROGRAM

____ DONATIONS

____ EDUCATIONAL OUTREACH

____ CIVIL LEGAL SERVICES

____ NON-RESIDENT COUNSELING PROGRAM

3) Do you feel you would be unable to work objectively with any type of client?

_____ yes

_____ no

If yes, explain:

4) Do you speak any language other than English? _____ yes _____ no

If yes, which?

Read? _____ Write? _____

5) What special talents or interests do you have that would enhance our program? (e.g., arts and crafts, story telling, computer skills, handy person, etc.)

6) Have you ever been convicted of a felony? _____ yes _____ no

If yes, please explain the circumstances:

7) Do you have to do community service? _____ yes _____ no

If yes, how many hours? _____

8) PLEASE INDICATE THE DAY OR DAYS AND TIME YOU WILL BE AVAILABLE TO VOLUNTEER:

DAY	A.M	A.M.	P.M.	P.M.
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Would you do this on a weekly or monthly basis? _____

Would you commit to three hours per week for three months? _____

What other scheduling would you consider? _____