



Volunteer Application

Date: _____

Name: _____
Last First Middle

Preferred Name: _____ Email: _____

Home Address: _____
City: _____ State: _____ Zip: _____

Primary Phone: () _____ Home Cell Work

Secondary Phone: () _____ Home Cell Work

Preferred Method of contact: Home Cell Work Email

Are you over 18 years of age? Yes No

If not, please provide your parent/guardian/representative information:

Name: _____ Phone: _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

Name (1): _____
Last First Middle

Relationship: _____ Contact information: _____

Name (2): _____
Last First Middle

Relationship: _____ Contact information: _____

First language: _____ Second Language: _____

Highest grade completed/degree earned? _____

Professional Certifications/Licensures: _____

Other relevant training: _____

How were you referred to La Casa Inc.? _____

Are you required to perform community service? Yes No

If yes, how many hours? _____ For what program? _____

By what date? _____

Do you have friends/relatives that volunteer/work for La Casa Inc? Yes No

If yes, please list: _____

Have you or relative ever received services from La Casa Inc? Yes No

If yes, how long ago? _____

**What special talents or interests do you have that would enhance our programs?
(e.g., accounting, arts & crafts, computer repair, event planning, HVAC, etc.)**

La Casa Inc. has a mandatory COVID-19 vaccination policy and we are extending this to volunteers.

Are you currently fully vaccinated? ___ YES ___ NO

*If you are not, you will need to obtain the vaccination and be fully vaccinated or receive an approval for a qualified exemption from the vaccination prior to working any event. See **vaccination policy** for information.*

Please provide a copy of your COVID-19 vaccination record or submit a request for qualified exemption.

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature

Date