

**LA CASA, INC.**

**VOLUNTEER APPLICATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ ☐ OK to call?

Work Phone: ( ) \_\_\_\_\_ ☐ OK to call?

Cell Phone: ( ) \_\_\_\_\_ ☐ OK to call?

Email Address: \_\_\_\_\_

Preferred Method of Contact: ☐ Home ☐ Work ☐ Cell ☐ Email

Are you over 18 years old? ☐ Yes ☐ No

Native/First Language: \_\_\_\_\_

Second Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Third Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Highest Grade Completed/Degree Earned: \_\_\_\_\_

List any Professional Certifications/Licensure: \_\_\_\_\_

List any other relevant training: \_\_\_\_\_

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How were you referred to La Casa? \_\_\_\_\_

Are you required to perform community service? ☐ Yes ☐ No

If Yes, How many hours? \_\_\_\_\_ For what program? \_\_\_\_\_

By what date? \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, Please explain the circumstances: \_\_\_\_\_

Do you have any friends or relatives that volunteer/work for La Casa? ☐ Yes ☐ No

If Yes, Please list: \_\_\_\_\_

Have you or a relative ever received service from La Casa? ☐ Yes ☐ No

If Yes, How long ago? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please check all program areas that are of interest to you:

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Batter's Intervention Program	<input type="checkbox"/>	Children's Program
<input type="checkbox"/>	Civil Legal Services	<input type="checkbox"/>	Donation Room	<input type="checkbox"/>	Educational Outreach
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	La Casa Board/Committees	<input type="checkbox"/>	La Casa Guild
<input type="checkbox"/>	Non-Res Program	<input type="checkbox"/>	Shelter Program	<input type="checkbox"/>	Tabling Events

Other Projects: \_\_\_\_\_

*I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date