



Please fill out the forms below and return to LACASA.
Original signatures are needed for processing.

GENERAL

Name: _____ Date: _____

Date of Birth: *(Month/Day/Year, *Optional)* _____

Home Address: _____

Street

City

Zip Code

Home Phone: () - Work Phone: () - Cell Phone: () -

Email Address: _____

Preferred method of contact: _____ Preferred time of contact: _____

How long have you lived in this community? _____

Do you speak a foreign language? ☐ Yes ☐ No If yes which language(s): _____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes please specify: _____

EMERGENCY CONTACT-Individual to be notified in case of emergency

Name: _____ Phone: _____

Email: _____ Relationship: _____

REFERENCES

I, _____, give permission for the following people, whom I have know for at least a year, to be contacted concerning my capability as a volunteer.

Name Relationship Telephone Number

1. _____

2. _____

EDUCATION

Name of School	Date(s) Attended	Major Field of Study	Degree Attained

EMPLOYMENT HISTORY – PLEASE INCLUDE CURRENT EMPLOYER

Employer	Job Title	Duties/Responsibilities	Dates of Employment

VOLUNTEER EXPERIENCE

Employer	Job Title	Duties/Responsibilities	Dates of Employment

QUESTIONNAIRE

1. Where or how did you hear about LACASA?
2. Why do you want to volunteer for LACASA?
3. What personal benefits do you receive from helping people?
4. Have you ever had any experience with a person in crisis? If so, what was your role?
5. Have you ever been in danger or in a crisis situation? If so, how did you react?
6. What specific experiences have you had with class, ethnic, racial populations, or sexual orientations other than your own?
7. What skills, interests, and/or hobbies do you bring to LACASA?
8. Do you have any links to community resources (heads of corporations, etc.)? For example, would you be willing to use your contacts on behalf of LACASA for such reasons as fundraising and outreach?



CRIMINAL HISTORY CHECK

As a prospective volunteer of LACASA, I understand it is LACASA policy to secure conviction criminal history information on all volunteers.

Name

Last

First

Middle

Home Address

Street

City

Zip Code

Maiden Name/Names Previously Used/AKA

Birth Date

Race

Gender

Social Security Number

Driver's License Number

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. The following clearances are examined:

- State Police Clearance
- Federal Police Clearance
- Michigan Sex Offender Registry
- National Sex Offender Registry

I authorize LACASA to use the above information for the sole purpose of obtaining conviction criminal history file search.

Employee/Volunteer Signature

Date