



Volunteer Application

Court Appointed Special Advocates of Manitowoc County

702 State Street, Manitowoc, WI 54221-2315

Director: Julie Ribley

Ph: 920-686-8736

F: 920-686-8700

www.lakeshorecap.org

APPLICANT INFORMATION

Last Name		First Name	Middle
Street Address			Apartment/unit #
City		State	Zip
Phone (home)		Cell	Work
E-Mail address			Social Security #
Position(s) interested in:			
Days/ Times available during the week			
Have you ever been convicted of a crime or are there any charges currently pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain

EDUCATION

High School		Address	
From:	To:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
College		Address	
From:	To:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other		Address	
From:	To:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other		Address	
From:	To:	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

PREVIOUS VOLUNTEER EXPERIENCE

Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:

Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:

Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:

Company/Organization:	Location:
Dates:	Supervisor:
Duties:	Reason for ending service:

MILITARY SERVICE

Branch	From:	To:
Rank at Discharge:		
If other than honorable discharge, explain:		

EMERGENCY CONTACT

Name
Relationship
Address
Phone

VEHICLE INFORMATION

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no what is your plan for transportation?	
Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL STATEMENT

Please use the space below to provide a brief biography of yourself, why you are interested in volunteering and what qualifications or skills you possess that apply to the position.

DISCLAIMER AND SIGNATURE

I understand that Lakeshore CAP, Inc. cannot accept any volunteer applicants found to have been convicted of or having charges pending for a misdemeanor or felony sex offense, child abuse or neglect or acts that might pose a risk to children or Lakeshore CAP's credibility.

Lakeshore CAP, Inc. reserves the right to refuse any volunteer applicant for any reason.

I certify that my answers are true and complete to the best of my knowledge.

I understand that all application material is confidential and becomes the property of Lakeshore CAP, Inc.

Signature	Date
-----------	------

References *(two employment or volunteer related, two personal and not relatives)*

1.	Name: _____	Relationship: _____	Years known: _____
	Address: _____		
	Phone: _____		
2.	Name: _____	Relationship: _____	Years known: _____
	Address: _____		
	Phone: _____		

3. Name: _____ Relationship: _____ Years known: _____
Address: _____
Phone: _____

4. Name: _____ Relationship: _____ Years known: _____
Address: _____
Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Telephone (Home): _____ (Work): _____ (Cell): _____

AFFIRMATION

Please complete the following statement, sign and date at the bottom

I, _____, affirm the information provided on this application is true and correct. I understand the information contained herein will be kept confidential and will only be used to determine suitability to serve as a Volunteer for the Manitowoc CASA Program.

I authorize the Manitowoc County CASA program, through Lakeshore CAP, Inc., to investigate my background to determine my suitability to serve as a Volunteer for the Manitowoc County CASA Program.

Signature

Date

Effective date: 07/01/2006
Revised date: 3/12/2019



702 State Street, P.O. Box 2315, Manitowoc, WI 54221-2315
Phone: 920-682-3737 Fax: 920-686-8700

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of Lakeshore CAP, Inc. to conduct an investigation of my background within two years of the date of this authorization. The investigation may include but is not limited to: national, state, local and federal criminal records checks, any police department or law enforcement entity, state / national sex offender registry, traffic / motor vehicle transcripts, social security screen, child protective service reports and state central child abuse registries.

I authorize any representative of Lakeshore CAP, Inc. to receive the results of the above background checks. I further authorize Lakeshore CAP, Inc. to release the results of any background and criminal history check to any program within Lakeshore CAP, Inc. to which I am being considered or am an active volunteer.

I understand that the information obtained is for official use of Lakeshore CAP, Inc. and that all results become the property of Lakeshore CAP, Inc.

I have read and understand that a criminal background check is a condition of my participation as a volunteer at Lakeshore CAP, Inc.

A photocopy of this authorization will have the same force and effect as the original document.

Full Name (please print): _____ Date of Birth: _____

Previous Name(s): _____ Male Female

Social Security #: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Current Address: _____

Previous Address (past 5 years): _____

I have read the above release statement and understand what rights I am waiving by signing this document.

Signature: _____ Date: _____

--For Open Records Usage Only--

Name of Agency: _____ Name of Representative: _____

- *If applicant has no record, check, sign and date:* _____
- *If applicant has a record, check, attach record, sign and date:* _____