



## **VOLUNTEER APPLICATION**

# HARMONY HOUSE SUPERVISED VISITATION CENTER

Thank you for your interest in CASA Inc. of Larimer County and the Harmony House Program. We are very pleased that you have decided to pursue this volunteer opportunity to help children in our community. At the same time, we are aware that this is a rigorous screening process and it involves a lot of your time but please bear with us as our only purpose is to ensure the safety of the children who are referred to us by the courts. Feel free to contact us anytime with your questions or concerns. Once again, thank you for your time. We look forward to meeting you soon.

### **The following items must be returned prior to the training to:**

Harmony House  
3105 E. Harmony Road  
Fort Collins, CO 80528

- **Completed and signed application.**
- **Completed Background form.**  
Background form will be completed at the Harmony House office. Volunteers are required to pay for the Background Check. The cost at this time is \$25:00 however, it can change depending in the company we are using by the time we receive your application. If you have had a background check in the last year, bring a copy for us to go over; it may not be necessary to do a new one.
- **Completed and signed release of authorization form.**
- **A copy of your current driver's license.**

**WE WILL SUBMIT YOUR BACKGROUND FORM  
TO THE APPROPRIATE AGENCY**

***Please call Olivia Martin at 498-6183 or (970) 223-5966 should you  
have questions.***

**cassaharmony@yahoo.com**



# HARMONY HOUSE VOLUNTEER APPLICATION

Please print or type when completing this form.

## **PERSONAL INFORMATION**

DATE: \_\_\_\_\_ AVAILABLE PHONE # S: (H) \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS: \_\_\_\_\_

STREET

APT#/P.O. BOX

CITY

STATE

ZIP

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **HOW DID YOU HEAR ABOUT US?** *(Check all that apply)*

INTERNET/WEBSITE \_\_\_\_\_ FRIEND/FAMILY \_\_\_\_\_ OTHER ORGANIZATION \_\_\_\_\_

NEWSPAPER ARTICLE *(please specify)* \_\_\_\_\_

LOCATION \_\_\_\_\_ FLIER \_\_\_\_\_ OTHER \_\_\_\_\_

## **EDUCATIONAL BACKGROUND**

HIGHEST LEVEL COMPLETED: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

NAME OF SCHOOL AND LOCATION: \_\_\_\_\_

DIPLOMA/DEGREE: *(If applicable)* \_\_\_\_\_

DO YOU SPEAK A SECOND LANGUAGE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

WHAT LANGUAGE(S)? \_\_\_\_\_

## **VOLUNTEER EXPERIENCE**

1. AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_

DUTIES: \_\_\_\_\_

CONTACT NAME / PHONE: \_\_\_\_\_

2. AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_

DUTIES: \_\_\_\_\_

CONTACT NAME / PHONE: \_\_\_\_\_

3. AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_

DUTIES: \_\_\_\_\_

CONTACT NAME / PHONE: \_\_\_\_\_

**BACKGROUND INFORMATION**

HAVE YOU OR ANYONE IN YOUR FAMILY HAD PERSONAL EXPERIENCE(S) INVOLVING ANY OF THE

FOLLOWING: *(Please check all that apply)* CHILD WELFARE \_\_\_\_\_ FOSTER CARE \_\_\_\_\_

JUVENILE COURT SYSTEM \_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU BEEN ACCUSED OF ANY CRIME OR BEEN INVOLVED IN ANY LEGAL ACTION INVOLVING

MISTREATMENT OR ABUSE OF A CHILD? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES**

*Please don't include more than one family member. Be sure to inform the people listed below that Harmony House will contact them.*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_

IN WHAT CAPACITY DO YOU KNOW THIS PERSON? \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

IN WHAT CAPACITY DO YOU KNOW THIS PERSON? \_\_\_\_\_

**PLEASE INITIAL THE FOLLOWING:**

\_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION ARE GROUNDS FOR DISMISSAL AS A VOLUNTEER.

\_\_\_\_\_

I HEREBY AUTHORIZE **CASA Inc.** TO CONDUCT AN AGENCY SEARCH AS TO ANY RECORD I MAY HAVE WITH THE COURTS OR THE DEPT. OF HUMAN SERVICES.

\_\_\_\_\_

I AM AWARE OF THE CRITICAL NATURE OF THE CONFIDENTIAL RELATIONSHIP BETWEEN HARMONY HOUSE, ITS VOLUNTEERS, RELATED AGENCIES, THE COURTS, AND ALL PARTIES INVOLVED. I UNDERSTAND, THAT AT THE TIME OF TRAINING, I AM BOUND BY AN OATH OF CONFIDENTIALITY AND AM HELD RESPONSIBLE AND LIABLE FOR ANY VIOLATION OF THIS AGREEMENT.  
I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVEMENTIONED STATEMENTS