DEARBORN-OHIO COUNTY CHILD ADVOCATE PROGRAM
219 WEST HIGH STREET
LAWRENCEBURG, INDIANA 47025
812-537-8741

Last name _____ **First name** _____ **Middle** _____

Home address _____ **Apt** _____

City _____ **State** _____ **ZIP** _____

County _____ **Social Security number** _____

Home phone number _____ **Cell phone number** _____

Employment status ❍ Full time   ❍ Part time   ❍ Student   ❍ Not employed   ❍ Retired   ❍ Don't know

Place of Employment _____

Position _____ **Work phone number** _____

E-mail address _____ **Fax number** _____

Gender ❍ Female ❍ Male   **Date of birth** _____

Maiden or other names/alias _____

Emergency phone _____ **Emergency contact** _____

Formal Education (Highest year of school completed)   ❍ Some high school   ❍ GED   ❍ High school   ❍ Some college   ❍ College   ❍ Post-graduate   ❍ Other   ❍ Unknown

Do you speak a secondary Language?   ❍ French   ❍ ASL (American Sign)   ❍ Spanish

❍ Other _____

Referred by   ❍ Flier   ❍ Friend   ❍ Internet   ❍ Local newspaper   ❍ Local radio
❍ National media   ❍ NCASAA   ❍ Other   ❍ Unknown   ❍ Volunteer referral agency

Do you drive?   ❍ Yes   ❍ No

Do you have regular access to a car?   ❍ Yes   ❍ No

Driver's license number _____ **Car insurance company** _____

Please list Skills and Interests _____

_____

_____

_____

_____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity:

Name _____Phone Number _____

Mailing address _____

Name _____Phone Number _____

Mailing address _____

Name _____Phone Number _____

Mailing address _____

Do you consent to a routine check of your criminal records? ❍ Yes ❍ No

Can you think of any reason why a judge might be reluctant for you to serve as a Child Advocate Volunteer?

_____

Dearborn-Ohio County Child Advocate Program reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

_____ Date_____

     (Applicants Signature)

THANKS!

THIS PART TO BE FILLED OUT BY DOCCA PROGRAM STAFF

Criminal background check with (05): ❍ Child Abuse Registry   ❍ CPS   ❍ FBI ❍ Local

❍ Other   ❍ State

Date checked _____Results

_____

Volunteer Type (27) ❍ Volunteer   ❍ Attorney   ❍ Staff   ❍ Part-time Staff   ❍ Other

Volunteer Status (31) ❍ Application Accepted   ❍ Assigned to Case -- Available   ❍ Assigned to Case -- Not

Available   ❍ In Training   ❍ Inquiry   ❍ Never Trained   ❍ On Leave   ❍ Other ❍ Screening

Completed   ❍ Not Assigned to Case -- Available   ❍ Not Assigned to Case -- Available

Available?   ❍ Yes   ❍ No

Date Accepted __ _____ Date Sworn _____