



Marion Superior Court Probation Department  
Adult Services Division  
3500 Lafayette Road Suite 550  
Indianapolis, Indiana 46222  
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### *Volunteer Application*

Name~Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Maiden/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: M F Driver's License #: \_\_\_\_\_

\*Ethnicity (Circle One): African-American Asian American Caucasian Hispanic Other: \_\_\_\_\_ \*Disabled: yes no

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please answer these questions:**

Have you ever been convicted of a crime (Yes does not necessarily disqualify you.)? yes no Do you have any close friends or relatives that have a pending case in the Marion Superior Court system, or currently under supervision of our Probation Department ?  
**yes no.**

***If you answered yes to either question, please provide an explanation on an additional sheet of paper.***

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: : \_\_\_\_\_

Occupation & Description of Work: \_\_\_\_\_ # of Years Employed: \_\_\_\_\_

May we contact your employer to recognize your volunteer work ? Yes No

**\*\*References (Please list two references that are not a relative or an employer):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_ # of Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_ # of Years Known: \_\_\_\_\_

\*It is optional to provide this information. It is gathered for statistical purposes ONLY, and will not affect your volunteer application.

\*\*References for an applicant to the Youth Empowerment Program will need to provide a recommendation .

**Education Information**

Highest Education Level Completed (i.e.~highest grade, H.S. Diploma, Assoc. Degree, B.A./B.S. Degree. Etc  
Major: \_\_\_\_\_

Please list languages other than English that you can speak (including sign language)? \_\_\_\_\_

Please list any special skills, knowledge or training that you will bring to the volunteer program: \_\_\_\_\_

**Volunteer Information**

What hobbies, sports or activities interest you?: \_\_\_\_\_

List membership(s) in any community organizations or clubs: \_\_\_\_\_

List any prior volunteer experience(s): \_\_\_\_\_

Have you ever been terminated from a volunteer program?: yes no (If yes, please explain): \_\_\_\_\_

How did you hear about our volunteer program?: \_\_\_\_\_

Why are you interested in volunteering with our Program?: \_\_\_\_\_

Please circle which area you would prefer to be assigned?:

Resource Center Volunteer\*  
\*Daytime hours only

\*\*\*Youth Empowerment Program  
\*\*\*Early evenings only

\*Education Volunteer  
\*Daytime hours only

How many hours a week/month can you volunteer?: \_\_\_\_\_ Please indicate your availability below:

Morning: 9:00am-Noon \_\_\_\_\_ Early Afternoon: 1:30-4:30pm \_\_\_\_\_ Late Afternoon: 4:30pm-6:00pm \_\_\_\_\_

**ARE YOU WILLING TO MAKE THE FOLLOWING COMMITMENTS?**

- |  |     |    |
|--|-----|----|
| Personal Interview with Volunteer Coordinator                                  | Yes | No |
| ****Attend a 90 minute Orientation Program                                     | Yes | No |
| Work with adults/children who have suffered abuse or neglect in their families | Yes | No |
| Work with adults/children who have committed violent or heinous offenses       | Yes | No |
| Agree to volunteer for at least one year                                       | Yes | No |

**Please indicate your Church Affiliation if applicable** \_\_\_\_\_

***Background Investigation Notification***

I understand, and agree, that a background investigation will be completed on my volunteer application which may include, but is not limited to, a criminal records check, an employment/reference check, a fingerprint check and a Bureau of Motor Vehicles record check. I am aware that this information will only be used to determine my suitability as a volunteer and will be maintained in the strictest confidence. I declare the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date