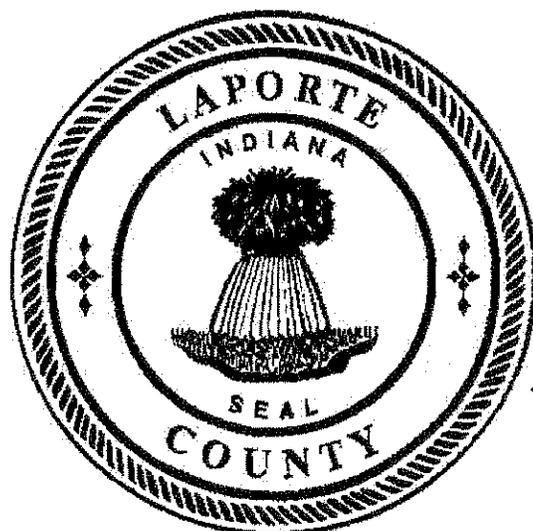


# **LaPorte County Circuit Court**



## **Neighborhood Accountability Board**

### **Volunteer Application**



Dear Volunteer:

Thank you for your interest in becoming a Volunteer with the LaPorte Circuit Court.

Enclosed is our volunteer application packet for your review. Please return your completed application packet by mail, fax, or email. If you have any questions about the Circuit Court, our volunteer program, or this application do not hesitate to call us.

We appreciate your time and interest. There is a criminal background check, and an orientation and training session that all new volunteers are required to participate. Upon receiving your completed application we will notify you of our next scheduled orientation/training session.

We look forward to seeing you and sharing with you an overview of our court, our mission, and goals and the vital role that you will play in helping us service our children, families and our community.

On behalf of the Judge and staff of the LaPorte Circuit Court, we thank you. If you have any questions, please feel free to contact the Director of LaPorte Circuit Court Services at 219-326-6808 or 874-5611 ext. 2515

Sincerely,

*Thomas J. Alevizos*

Circuit Court Judge



3. Write a brief statement on why you have chosen to volunteer.

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5.  Yes  No Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

6.  Yes  No Are you under current indictment or has a district/county attorney ever accepted an official complaint for any of the offenses in question #5?

7. If the answer is YES to questions 5 or 6, please explain below:

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8. Educational Background (mark one):

- |   |   |
|---|---|
| <input type="checkbox"/> Some high school             | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate         | <input type="checkbox"/> Technical school             |
| <input type="checkbox"/> Some college                 | <input type="checkbox"/> College graduate             |
| <input type="checkbox"/> Other (please specify) _____ |   |

9. What days of the week are you available to volunteer? (check all that apply):

- Monday  Tuesday  Wednesday  Thursday  Friday

10. What is the best time for you to volunteer? (check all that apply):

- Mornings  Lunchtime  Afternoon

11. Please list four references (please include at least one family member, one personal friend and one work reference):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/ZIP \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

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**Other Information:**

1. Social Security number (needed for criminal record checks): \_\_\_\_\_

2. Birth date (needed for record checks): \_\_\_\_\_

5. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

8. Please list any hobbies or interests you have:

\_\_\_\_\_

9. What clubs or groups, if any, do you belong to? \_\_\_\_\_

\_\_\_\_\_

16. Do you have any special conditions we should know about such as significant life changes, illnesses, problems with drugs or alcohol? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**To**  
**LaPorte Circuit Court**

Name of Applicant: \_\_\_\_\_

Date of Birth:     /     /     Social Security Number: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Race/Sex: \_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mailing Address (if different than home address): \_\_\_\_\_

How can you be reached during daytime hours (phone): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

I authorize the Indiana State Police, LaPorte County Sheriff, Local Police Departments, Child Protective Services of LaPorte County Department of Public Welfare, and the LaPorte County Prosecutor's Office to release to the LaPorte Circuit Court, any record or information concerning any crime committed or alleged to have been committed by me, and any reported allegations of child abuse or neglect alleged to have been committed by me. This includes, but is not limited to, information about arrest records and convictions.

I release the Indiana State Police, LaPorte County Sheriff, Local Police Departments, Child Protection Services of the LaPorte County Department of Public Welfare, and the LaPorte County Prosecutor's Office as custodians of these records, including all officers, employees and other related personnel, individually and collectively, from any and all liability for damages of any kind which may at any time result to me, my heirs, family and/or associates because of compliance with this authorization.

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

\_\_\_\_\_  
Date