

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 the Volunteer Coordinator at (970) 377-9445 should you
have questions.*

Serena@casalarimer.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.