



5 East Jefferson Street - 3rd Floor  
Franklin, IN 46131  
317-346-4414  
lryneron@co.johnson.in.us

Thank you for your interest in applying to become a volunteer with Johnson and Shelby County VASIA. Serving as a volunteer can be an incredibly rewarding experience for both the individual in need and you.

Our first step is to have you complete the Volunteer Application and Authorization for Criminal History Inquiry. With these, you will be providing us more information about yourself and why you would like to volunteer as well as authorizing us to conduct a criminal background check.

Once we receive your completed forms, we will contact your references and initiate a criminal background inquiry. Your application is then considered for approval.

Once approved, we will talk with you more about expectations, upcoming trainings, and more. You should also feel free to contact me at any time along the way if you have questions. We very much look forward to working with you and are grateful for your interest.

All my best,

Lauren Rynerson  
Executive Director



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## **VOLUNTEER PROGRAM APPLICATION**

*Date of Application* \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

### **PART 1 – PERSONAL INFORMATION GENERAL HISTORY**

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Gender \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

### **EMPLOYMENT / VOLUNTEER WORK HISTORY**

Present Employer \_\_\_\_\_ Date Started \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

\_\_\_\_\_

Previous Employer \_\_\_\_\_ Date Started \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_



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City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

Previous Employer \_\_\_\_\_ Date Started \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

### EDUCATION / TRAINING / EXPERIENCE

High school attended \_\_\_\_\_ Graduation year \_\_\_\_\_ ☐ I did not graduate

College or technical/trade school \_\_\_\_\_

Graduation year/Expected graduation year \_\_\_\_\_ ☐ I did not graduate

College degree(s) and professional/trade Other educational/training programs/licenses held

Check any of the following areas where you have training/work experience:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> counseling                             | <input type="checkbox"/> office administration | <input type="checkbox"/> criminology/ law enforcement |
| <input type="checkbox"/> law                                    | <input type="checkbox"/> public speaking       | <input type="checkbox"/> education                    |
| <input type="checkbox"/> health care/nursing                    | <input type="checkbox"/> geriatric care        | <input type="checkbox"/> psychology/ mental health    |
| <input type="checkbox"/> social work                            | <input type="checkbox"/> writing               | <input type="checkbox"/> news media                   |
| <input type="checkbox"/> other area that might be helpful _____ |  |   |

Describe: \_\_\_\_\_



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What language(s) do you speak other than English?

\_\_\_\_\_

## PART 2 – MOTIVATION AND LIFE HISTORY INFORMATION

On a separate sheet of paper please write a short summary about your interest in volunteering.

-how do you hope to benefit from your experience?

-what attracted you to this particular program?

-any other information you believe will assist us in reviewing your application

## PART 3 – PERSONAL REFERENCES

Please print the names, addresses, and telephone numbers of three people who have known you for a minimum of two years. Do not include relatives. The references need to be individuals who can address how well you can fulfill the responsibilities of being a volunteer. We will contact your references, so please alert each of them.

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Name 2 \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Name 3 \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_



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#### **PART 4 – AFFIRMATION AND ACCEPTANCE**

I, \_\_\_\_\_, hereby affirm that all the answers on this Volunteer Program Application for Johnson and Shelby County VASIA are true to the best of my knowledge. I hereby authorize The Center for At-Risk Elders, Inc. to investigate my background to determine my fitness as a potential volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a volunteer.

Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of six months. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to Johnson and Shelby County VASIA as soon as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a volunteer. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons or organizations that may be consulted for professional knowledge or expertise. I accept full responsibility for maintaining the confidential and private nature of all records and information.

I understand that I am personally responsible and liable for any violation of this statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to:

Lauren Rynerson  
Executive Director  
Johnson and Shelby County VASIA  
5 East Jefferson Street - 3rd Fl.  
Franklin, Indiana 46131  
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### Authorization for Criminal History Inquiry

I, \_\_\_\_\_, also known as \_\_\_\_\_ (if none, so state) hereby authorize Johnson and Shelby County VASIA to further search the files and records of the justice system, BMV records, Adult Protective Services records, and Child Protective Services records for any criminal history information. I understand that the results of an investigation shall remain confidential but shall be reviewed by Johnson and Shelby County VASIA to determine my suitability for employment and/or volunteering.

Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

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

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

Gender \_\_\_\_\_ Race \_\_\_\_\_

Place of birth (city and state) \_\_\_\_\_

Present address \_\_\_\_\_

Previous address \_\_\_\_\_