

Baton Rouge City Court  
VOLUNTEERISM PROGRAM  
233 St. Louis Street, Room 102  
Baton Rouge, LA 70821-3438  
Telephone Number: 225/389-5124 Fax Number: 225/383-2877  
E-mail address: pginn@brgov.com

## VOLUNTEER ENROLLMENT FORM

### CONFIDENTIAL VOLUNTEER PROFILE

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact in Emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ R/S \_\_\_\_\_

#### I. SKILLS AND INTEREST:

Education Background \_\_\_\_\_  
Current Occupation \_\_\_\_\_  
Hobbies, Interests, Skills \_\_\_\_\_  
Previous Volunteer Experience \_\_\_\_\_

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Working one-on-one with a single client  No preference  
 Working directly with a staff person as an assistant  Providing a service to several clients  
 Helping in our office with general administrative duties  Public speaking, fundraising, etc.  
 Research, teaching, or an individual project  Other: \_\_\_\_\_

Is there a person or group with whom you are particularly interested in working? (Check all that apply)

- Adults  Seniors  Teens  Agency Staff  Handicapped  
 Males  Females  No Preference  Other \_\_\_\_\_

Are there any groups you would not feel comfortable working with?

- No  Yes \_\_\_\_\_

#### II. AVAILABILITY

At what times are you interested in volunteering?

- Flexible  Prefer weekdays  Prefer weekends  Prefer mornings  Prefer afternoons  
 There are times during a week that I cannot do volunteer work \_\_\_\_\_

Do you have a geographic preference as to where you do volunteer work?  No  Yes \_\_\_\_\_

Do you have access to an automobile you can use for volunteer work?  Yes  No  Occasionally

Do you speak a language other than English?  Yes  No

If yes, which language(s)? \_\_\_\_\_

#### III. REFERENCES

How did you hear about us?  Advertisement  City Court Website  Referred by friend/volunteer  
 Agency \_\_\_\_\_  Other \_\_\_\_\_

LIST NAME AND PHONE NUMBER OF TWO PERSONAL REFERENCES:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

Pamela R. Ginn  
Director, Court Services Division/Baton Rouge City Court  
P.O. Box 3438, Baton Rouge, LA 70821