Volunteer Application

Stark County Probate Court

Apply Online

Name_____

Address _____

City_____ State_____Zip _____

Phone_____ Email _____

Why are you interested in becoming a Court Angel Volunteer? _____

_____

_____

_____

In what kinds of volunteer activities have you been active or are currently active? None ☐

Organization Position Dates

_____

_____

What kinds of life experiences (if any) have you had which relate to this volunteer position?
(e.g. Care of an elderly relative or friend) _____

_____

_____

Are you currently: Retired ☐ Seeking Employment ☐ Employed ☐ Part-Time ☐

Primary occupation/profession: _____

Please describe your employment history:

Name of Employer Position Dates of Employment

_____

_____

_____

Please check the highest educational level completed:

High School ☐ Some College or technical training ☐ College ☐ Advanced Degree

☐ Please list any education or courses (if any) which are specifically related to this volunteer position:

_____

_____

Please list two references (non-relatives) who could comment on your ability to do this job:

Name Relationship to you Phone Number

_____

_____

What form of transportation do you usually use?
(Guardian Visitors must be able to drive themselves to cases)

My own car ☐ Rely on others ☐ Use Public Transportation ☐

Name of Insurance Carrier_____Policy # _____

Please feel free to share, in the space below, any additional information you would like the Court to consider.

_____

_____

_____

_____

_____

_____

_____

Signature_____Date _____

Due to the sensitive nature of this position, the Court may do a records check on qualified applicants.

Return to:

Stark County Probate Court
Court Angel Volunteer Program
110 Central Plaza South
Suite 501
Canton, Ohio 44702

Court Angel
A Stark County Probate Court Volunteer Program

RELEASE FOR CRIMINAL BACKGROUND CHECK
Stark County Probate Court

I understand that, as a result of making an application to serve as a Court Angel Volunteer with the Stark County Probate Court, I am hereby authorizing and requesting the Probate Court, its agents and authorized employees, to make any and all examinations of my criminal record, and I hereby release any
police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED _____

Printed Name _____

Signature _____

Social Security Number _____