

**DISTRICT OF COLUMBIA COURTS
 MENTAL HABILITATION VOLUNTEER ADVOCACY PROGRAM
 VOLUNTEER PARTICIPANT INFORMATION FORM**

NAME:			
ADDRESS:			
CITY:			
STATE/ZIP:		E-mail Address:	
Home Phone:		Cell Phone:	
Employer & Address			
	Work Phone:		
Emergency Contact:			Phone:
	Relationship:		
PROGRAM CATEGORY			
VOLUNTEER ADVOCATE COORDINATOR		Name:	Lashon Brown-Woodman
ADVOCATE CASE MONITORS		Name:	Mark Heagy
		Name:	Elaine Wilson-Johnson
PHONE		202 879-0201	
Division/Branch		D.C. Superior Court Family Court Operations Division Mental Health and Habilitation Branch 500 Indiana Ave. NW Room #4475 Washington, DC 20001	

DURATION OF VOLUNTEER PLACEMENT:

On-going (until resignation submitted)

Workdays: (check) M___ T___ W___ TH___ F___

Daily work schedule: _____ Flexible; Volunteer's discretion _____

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PROGRAM DESCRIPTION:	<i>Volunteers serve as advocates for persons with intellectual disabilities whose cases are reviewed by the Court. The advocates visit the residential homes of their clients at least once per month to monitor the level of care received by the client. They help protect the civil rights of their clients with this constant monitoring of services. They appear in Court and make recommendations about the care/services received by the client.</i>		
Volunteer Qualifications:	<ul style="list-style-type: none"> • <i>Eighteen years or older</i> • <i>No criminal record</i> 		
Selection Process:	<i>Orientation and training required. Review of Police Record(s).</i>		
TYPE OF PROGRAM			
<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Other: _____
DURATION OF VOLUNTEER PARTICIPATION:			
Appointment renewed yearly at the Annual Review Hearing.			
Minimum Hours/Visits		<i>Once per month (two encouraged).</i>	
Notes/Comments:			
I.D. Number:			
SIGNATURE:		DATE:	

