

## APPLICATION FOR VOLUNTEER EXPERIENCE WITH THE GREENE COUNTY JUVENILE COURT

Name: \_\_\_\_\_

Address: (Home) \_\_\_\_\_

Address: (School) \_\_\_\_\_

Phone #: (Home) (    ) \_\_\_\_\_ (School) (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License # (and State Issuing): \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Auto Insurance Policy #: \_\_\_\_\_

### VOLUNTEER HISTORY (List most recent first)

Employer	Date Started	Date Ended	Position	Reason For Leaving

Activities, Clubs, Organizations involved with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL HISTORY

School Attended	Dates Attended	Highest Grade Completed or Degree Obtained

Please select below areas in which you think you may be interested in volunteering:

- \_\_\_\_\_ 1) Probation
- \_\_\_\_\_ 2) Residential Treatment Center
- \_\_\_\_\_ 3) Juvenile Detention Facility
- \_\_\_\_\_ 4) Diversion/Prevention
- \_\_\_\_\_ 5) CASA (Court Appointed Special Advocate)
- \_\_\_\_\_ 6) MVJRC (Miami Valley Juvenile Rehab Center)

**With whom do you live?**

Name	Age	Relationship

Person to notify in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day: (    ) \_\_\_\_\_ Evenings: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you ever been arrested for anything other than a minor traffic offense? \_\_\_\_\_

If so, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements herein contained are true to the best of my knowledge. I understand that any question contained herein or any failure to completely answer any questions contained herein is cause for dismissal from service to Greene County Juvenile Court. I further understand that a record check with police agencies is a standard part of the application process, and I give the Greene County Juvenile Court permission to make such a check in order to insure my suitability for volunteer placement.

I understand and agree that Greene County Juvenile Court may make a thorough investigation of my past employment and activities, and I release from liability or responsibility all persons and organizations supplying such information. I also understand and agree that the information obtained may be used by Greene County Juvenile Court in any way connected with my involvement in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant