

Volunteer/Intern Application

We consider applicants for all volunteer positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

First Name	Middle Name	Last Name
Previous Name or Aliases		
Address		
Home Phone Number	Cell Phone Number	Email Address
Religious Organizations/ Affiliation	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	College/University Name
	College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/State
Field of Study	Employment Status <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Working Full-Time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Full-time Student <input type="checkbox"/> Retired	Current Employer & Job Title
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Month & Day <i>only</i> _____	Emergency Contact Name (s) & Number (s) 1. _____ 2. _____
Areas of Interest: (please check your top three) <input type="checkbox"/> Advisory Board <input type="checkbox"/> Hair Care/Hygiene <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Holiday Activities <input type="checkbox"/> Auto Mechanics <input type="checkbox"/> Mentoring <input type="checkbox"/> Career Training <input type="checkbox"/> Public and Motivational Speaking <input type="checkbox"/> Case Management <input type="checkbox"/> Religious Services <input type="checkbox"/> Landscaping/horticulture <input type="checkbox"/> Special Events <input type="checkbox"/> Foreign Language/Interpreting <input type="checkbox"/> Tutoring List: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Group Curriculum Facilitation <input type="checkbox"/> Community Probation		Availability <input type="checkbox"/> Daytime <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Evening <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Weekends <i>only</i> <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
Are you volunteering on behalf of an organization? If so, what organization? _____		# of Hours Available: _____ per/ <input type="checkbox"/> Week <input type="checkbox"/> Month
Date available to start? _____		
How did you hear about DJJs volunteer/intern program? <input type="checkbox"/> Website <input type="checkbox"/> Department of Juvenile Justice employee <input type="checkbox"/> Current or Previous Employer <input type="checkbox"/> Website <input type="checkbox"/> Career Fair <input type="checkbox"/> Other _____		
Preferred Volunteer Site: <input type="checkbox"/> Facility _____ <input type="checkbox"/> County or Office _____		

Skills/Talents/ Experience: (Please mark all that apply)		
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Sales	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Management	
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Counseling/Social Work	
<input type="checkbox"/> Writing	<input type="checkbox"/> Educator	
<input type="checkbox"/> Legal	<input type="checkbox"/> Law Enforcement	
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Music	
<input type="checkbox"/> Computer/Web	<input type="checkbox"/> Interview Skills	
<input type="checkbox"/> Basic Excel	<input type="checkbox"/> Auto Repair	
<input type="checkbox"/> Advanced Excel	<input type="checkbox"/> Financial Literacy	
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Chaplaincy/Ministry	
	<input type="checkbox"/>	
Are there any medical and/or physical conditions that would prohibit/limit you from participating as volunteer with the Department of Juvenile Justice? If yes, please explain:		
List any additional information or experiences you feel may be helpful to us in considering your application.		
Why do you want to volunteer with the Department of Juvenile Justice?		
Have you filed a volunteer application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, when did you last volunteer with us?		
List the name of the individual you reported to?		
At what site did you volunteer?		
List previous volunteer work:		
Have you been employed or resided with us before or utilized juvenile justice services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain?		
Have you ever been convicted of anything more than a minor traffic offense? (criminal history checks required prior to working directly with youth) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?		
References: (one professional and no family members)		
Name	Relationship	Daytime Phone Number
Name	Relationship	Daytime Phone Number
Name	Relationship	Daytime Phone Number
Volunteer Signature		
I certify that information/answers given herein are true and complete to the best of my knowledge. I consent to and authorize any agent of the Department of Juvenile Justice to verify this information. I understand that I will be subjected to a background investigation as a part of the application process.		
Signature		Date