

Dallas County Juvenile	<h1 style="margin: 0;">VOLUNTEER APPLICATION</h1>	
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Personal Information

Last Name	First Name	Middle Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
			<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.
Address	Apt. #	City	State	Zip
Home Phone #	Work Phone #	Is it okay to receive calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address	Cell Phone #	Fax #		
Is anyone else at this address a DCJD volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is his/her name?				
Have you ever served as a DCJD employee, Intern or volunteer before? If yes, at which facility and during what time period? <input type="checkbox"/> Yes <input type="checkbox"/> No				

The following information is required to conduct background checks and/or for statistical analysis

Social Security Number	TX Driver's License #	Maiden Name (if Married)		
Date of Birth	Height	Weight	Hair Color	Eye Color
<input type="checkbox"/> Male	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Female	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian
How did you first hear about DCJD volunteer opportunities?				

Education Information - Check all that Apply

<input type="checkbox"/> Currently attending High School	<input type="checkbox"/> Undergraduate Degree; Major: _____
<input type="checkbox"/> High School Graduate/GED	<input type="checkbox"/> Graduate/Seminary Degree; Major: _____
<input type="checkbox"/> Currently attending College	

Employment Information

<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Retired	My employer offers a:	<input type="checkbox"/> time-off program for volunteers
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Student		<input type="checkbox"/> donation matching program
<input type="checkbox"/> Unemployed			<input type="checkbox"/> none of the above/not applicable
Employer's Name (or School Name)		Occupation	

Medical Information

Do you have any medical conditions that would affect your ability to perform your duties, or that the volunteer office should be aware of? Yes No If yes, please explain:

Availability - Please enter the times you are usually available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Emergency Contact – In the event of an emergency, indicate the person to be notified

Name	Relationship	Cell Phone #	Alternate Phone #
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Skills, Training, Experience - Please check all that apply:			
<input type="checkbox"/> Spanish-speaking	<input type="checkbox"/> Marching Drills	<input type="checkbox"/> Math/Science	<input type="checkbox"/> Newsletter/Written Communication
<input type="checkbox"/> Office/Clerical/Computer	<input type="checkbox"/> Photography	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Arts/Drama/Dance
<input type="checkbox"/> Musical Ability	<input type="checkbox"/> Sports/Athletic	<input type="checkbox"/> Business/Banking	<input type="checkbox"/> Clergy/Ministry
<input type="checkbox"/> Education	<input type="checkbox"/> Media/Newspapers	<input type="checkbox"/> Medical/Medicine	<input type="checkbox"/> Law Enforcement/Judicial Military
<input type="checkbox"/> Background	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Counseling/Social Work
<input type="checkbox"/> Certification(s)/License(s): _____			
<input type="checkbox"/> Other skills, training and talents: _____			

Preference for Volunteer Work - Please check areas in which you have interest in serving:		
<input type="checkbox"/> Mentor/Youth Advisor	<input type="checkbox"/> Tutor	<input type="checkbox"/> Religious Worship/Teaching
<input type="checkbox"/> Volunteer Advisory Council	<input type="checkbox"/> Clerical	<input type="checkbox"/> Foster Grandparent
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Intern/Field Practicum	<input type="checkbox"/> Holiday/Birthday Celebrations
<input type="checkbox"/> Music/Art/Entertainment	<input type="checkbox"/> Probation/Casework Asst.	<input type="checkbox"/> Holiday Committee
<input type="checkbox"/> Group Leader (Support/Education)	<input type="checkbox"/> Educational Aide	<input type="checkbox"/> Dormitory Aide/Friend
<input type="checkbox"/> Other: _____		

Criminal Record Check	
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently charged with a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes above, briefly describe the circumstances of your conviction or current charge, indicating the date, nature, and place of the offense and disposition of the case. Your answer is evaluated in relation to volunteer activities.	

References – Please list three people other than relatives who would be willing to serve as personal references					
1	Last Name		First Name		Relationship
	Street Address		City, State and Zip		Daytime Phone #
2	Last Name		First Name		Relationship
	Street Address		City, State and Zip		Daytime Phone #
3	Last Name		First Name		Relationship
	Street Address		City, State and Zip		Daytime Phone #

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

- I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I understand that a criminal record check will be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: **Date:**