

SIDE 1

NEW JERSEY JUDICIARY



VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

DATE RECEIVED:

PROGRAM ASSIGNED:

GENERAL INSTRUCTIONS:

Please print clearly.

NUMBER THE FOLLOWING PROGRAMS IN ORDER OF YOUR PREFERENCE (1 = FIRST CHOICE; 2 = SECOND CHOICE)

- Child Placement Review, Guardianship Monitoring Program, Juvenile Conference Committee, Juvenile Intensive Supervision Program, Municipal Court Mediation, Supervised Visitation Program, Volunteers in Probation, Other (Specify):

NOTE: Not all programs are available in all counties

PERSONAL INFORMATION

NAME (Last), (First), (Middle), (Other last name(s) used), HOME ADDRESS (street), CITY, STATE, ZIP CODE, HOW LONG HAVE YOU LIVED IN THIS MUNICIPALITY?, COUNTY OF RESIDENCE, HOW LONG HAVE YOU LIVED IN THIS STATE?, TELEPHONE NUMBER, PRIOR HOME ADDRESS (street, city, state, zip code), HOW LONG DID YOU LIVE AT PRIOR RESIDENCE?, EMERGENCY CONTACT PERSON (name), EMERGENCY CONTACT'S TELEPHONE, HAVE YOU EVER BEEN CONVICTED OF A CRIME... IF YES, GIVE DETAILS OF EACH CONVICTION AND DISPOSITION BELOW.

EDUCATION

CHECK HIGHEST LEVEL OF SCHOOL COMPLETED (JUNIOR HIGH, HIGH SCHOOL, SOME COLLEGE, ASSOCIATE, BACHELOR, POST GRADUATE), DEGREE EARNED, MAJOR AREA STUDIED, SPECIAL TRAINING (INCLUDE ANY RELEVANT MILITARY TRAINING), CERTIFICATES ATTAINED, ARE YOU CURRENTLY IN SCHOOL?, IF YES, GIVE DETAILS, HOBBIES / SPECIAL SKILLS / ACTIVITIES

EMPLOYMENT

PRESENT EMPLOYER, BUSINESS ADDRESS (street), CITY, STATE, ZIP CODE, BUSINESS TELEPHONE NUMBER, HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?, OCCUPATION, JOB TITLE, DUTIES, PREVIOUS EMPLOYER, HOW LONG DID YOU WORK FOR YOUR PREVIOUS EMPLOYER?, PREVIOUS EMPLOYER'S TELEPHONE NUMBER

# VOLUNTEER APPLICATION

**VOLUNTEER PROGRAM INFORMATION**

ARE YOU WILLING TO MAKE A COMMITMENT FOR A YEAR OR LONGER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE USE OF A CAR/VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE YOU ASSOCIATED WITH THE JUSTICE SYSTEM OR WITH ANYONE INVOLVED IN THE PROGRAM TO WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper if necessary)						
IN ADDITION TO ENGLISH, DO YOU SPEAK ANOTHER LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGES AND YOUR PROFICIENCY LEVEL _____ <input type="checkbox"/> READ <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE						
HOURS AVAILABLE							
FROM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO							
HOW DID YOU LEARN ABOUT COURT VOLUNTEER OPPORTUNITIES?							

**AFFILIATIONS**

ARE YOU CURRENTLY A MEMBER OF ANY PROFESSIONAL, COMMUNITY, POLITICAL, OR SOCIAL ORGANIZATION OR GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUP NAME, POSITION HELD, etc. (use additional paper if necessary)
DO YOU HOLD AN ELECTED POLITICAL POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TITLE
DO YOU HOLD AN APPOINTED POLITICAL POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No	TITLE
HAVE YOU EVER HAD A SALARIED POSITION WORKING WITH JUVENILES? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper, if necessary)
ANY PAST VOLUNTEER WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DETAILS (use additional paper, if necessary)

**REFERENCES**

NAME (last)	(f rst)	RELATIONSHIP (friend, coworker, etc.)	TELEPHONE NUMBER ( )
HOME ADDRESS (street)		CITY	STATE    ZIP CODE
NAME (last)	(f rst)	RELATIONSHIP (friend, coworker, etc.)	TELEPHONE NUMBER ( )
HOME ADDRESS (street)		CITY	STATE    ZIP CODE

**STATEMENTS**

I, the undersigned, hereby:

- authorize the release, to the court, of all information from my military and employment records;
- understand that as a condition of appointment to a judiciary volunteer position I will be fingerprinted and a request for a criminal history record will be filed with the State Police;
- authorize court personnel to conduct such investigation into my background as is necessary, with the understanding that all the information requested will be held in confidence and used only to determine my placement in the volunteer program;
- understand that I must complete all training required to maintain my position in the program, if accepted;
- acknowledge that, to the best of my ability, all the information given on this form is true.

APPLICANT SIGNATURE (or if under age 18, signature of a parent or guardian)	DATE
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