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|  | **Peach County Juvenile Court**  **Volunteer Application** |

You are receiving this packet because you have expressed interest in volunteering (Mentor) with Peach County Juvenile Court. **This is not a job application, or a job offer.** Additional requirements must be met before you can begin volunteering in any capacity with Peach County Juvenile Court. Please complete this application and submit the other required documents as soon as possible.

Applicants must be twenty-one (21) years of age to apply. All applicants must have a clear criminal history for the previous twenty-four (24) months to be eligible to volunteer. In addition, if applicable, must have been released from any form of supervision and no pending criminal charges for a period of (24) months. (Criminal charges past 24 month period are subject to review with the exception of any sex related offenses) Please be sure to provide an answer to **all** of the requested information, if it does not apply, please indicate by responding with N/A. ***(Due to protection of juveniles and confidentiality, Peach Juvenile Court reserves the right to accept or deny any potential applicant without prejudice).***

**(Please Print or Type)**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

Sex: \_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm / dd / yy

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street

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

City State Zip

Phone (Cell/Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer (Most recent if unemployed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street City State Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Worked (To & From): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have lived at your current address for less than two (2) years, list all of your previous residences in the last two (2) years:

|  |  |
| --- | --- |
| Date To and From | Complete Mailing Address |
|  |  |
|  |  |
|  |  |

List two (2) personal references other than family members. References may include your employer, a friend, co-worker, pastor, faculty advisor, etc.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reference’s Name | Daytime Phone | Relationship & # of years you’ve known them |
| 1 |  |  |  |
| 2 |  |  |  |

Why are you interested in volunteering with Peach County Juvenile Court?

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What service(s) would you consider providing?

\_\_\_\_ Mentor \_\_\_\_ Employment \_\_\_\_ Alternative Housing

\_\_\_\_ Individual/Group/SA/SO counseling \_\_\_\_ Food and Clothing \_\_\_\_ Transportation \_\_\_\_ Specific Event Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served as a volunteer before? Yes \_\_\_\_\_ No \_\_\_\_\_ If *yes, please explain:*

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Please all list clubs, organizations, churches or civic affiliation and indicate offices held and year.

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Are you a victim of, related to, or a friend of any youth actively under the supervision of Peach County Juvenile Court(s)? Yes, \_\_\_\_\_ No \_\_\_\_\_ If *yes, please explain:*

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

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How many hours can you serve monthly? 1-2 \_\_\_\_\_ 3-6 \_\_\_\_\_ 4-9 \_\_\_\_\_ 10+ \_\_\_\_\_

What days are you available? *(Please circle)*

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays ANY

What times are you available? *(Please circle)* Mornings Afternoons Evenings

I give Peach County Juvenile Court the right to use my likeness in any publications or other media (photos, tv, etc.) without prior consent or review and without compensation.

I give my permission to the court administrator and or county designee to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the court administrator or county designee to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a volunteer for the department. Your signature below, in part, acknowledges that you authorize Peach County to conduct a background check as required prior to serving as a volunteer.

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a volunteer. I understand that I may not begin volunteer service until all of the background checks are completed. I understand that Peach County Juvenile Court will keep my application and background report in a confidential file with limited employee access.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**Submit Application**

HANDWRITTEN: For legibility reasons, please do not fax a handwritten application. Please mail the completed application to: Kawain-Reese@peachcounty.gov

TYPED: Please print and scan the completed application to:

ATTN:

The application must be filled out in its entirety, or it will not be processed.