



## VOLUNTEER APPLICATION

Friends of the Portsmouth Juvenile Court (FOPJC) requests the following information because of our dedication and commitment to the children and young adults who benefit from our services. All youth-serving organizations must take reasonable precautions when recruiting and supervising volunteers. The information you provide is confidential and for internal use only.

FOPJC is an Equal Opportunity Employer and does not discriminate against any qualified applicant on the basis of race, religion, color, gender, national origin, disability, age, sexual orientation or any other basis made illegal by the laws of the United States or the Commonwealth of Virginia.

*Thank you for your time and interest.*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

How long have you lived in Virginia? \_\_\_\_\_ If less than 5 years, please list your previous address.

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: Female  Male

Ethnicity: This information is gathered for statistical purposes only. You are not required to respond but the data is helpful to the organization.

African-American/Black  Caucasian/White  Hispanic/Latino  Asian/Pacific Islander

Native American  Other \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issued by which state? \_\_\_\_\_

Do you have regular access to an automobile in good working order?  Yes  No

Do you have automobile Insurance?  Yes  No

Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Employment status:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Retired    |
| <input type="checkbox"/> Self-employed      | <input type="checkbox"/> Other      |

If employed, employer: \_\_\_\_\_

Job Title \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Previous employer(s)

Employer: \_\_\_\_\_

Job Title \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_ Dates of employment: \_\_\_\_\_

If you have additional employers, please list them on a separate sheet. Thank you.

Highest level of education:

- |   |   |
|---|---|
| <input type="checkbox"/> High School    | <input type="checkbox"/> Some College         |
| <input type="checkbox"/> GED            | <input type="checkbox"/> Graduate Degree      |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Some Graduate School |

Degree(s) earned:

\_\_\_\_\_

Please have an official transcript from each institution sent to FOPJC.

Please identify other specialized training or certifications. Copies of certifications must be attached.

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

Please identify any previous experience working with children. \_\_\_\_\_

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Please identify any medical or physical condition that may affect your ability to safely complete volunteer responsibilities: \_\_\_\_\_

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Please indicate the volunteer position(s) that interest you the most.

- |  |   |
|--|---|
| <input type="checkbox"/> Communications Associate                | <input type="checkbox"/> Data Entry Clerk |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | <input type="checkbox"/> Office Associate |
| <input type="checkbox"/> Court Services Associate                | <input type="checkbox"/> Van Driver       |
| <input type="checkbox"/> Court Services Intern                   | <input type="checkbox"/> Life Coach       |

How did you learn about Friends of the Portsmouth Juvenile Court and/or Portsmouth CASA?

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Please describe what you hope to gain from volunteering with FOPJC and what you feel you offer FOPJC. (You may attach a separate sheet.)

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Any volunteer applicant found to have been convicted of, or has charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or any related acts that would pose risks to children or Friends of the Portsmouth Juvenile Court's credibility will not be considered.

Have you been charged or convicted of a felony or misdemeanor involving a sexual offense, child abuse or neglect, or any related act that would pose a risk to children?  Yes  No

If yes, please identify: \_\_\_\_\_

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Have you been charged or convicted of any other violation(s) including traffic violations?  Yes  No

If yes, please identify: \_\_\_\_\_

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

Do you have any criminal charges pending?  Yes  No

If yes, please identify: \_\_\_\_\_

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

Please list three (3) individuals who know you well, preferably someone for whom you have worked in a paid or unpaid capacity. **(Do not list relatives.)** If you are currently employed, please include your supervisor.

1. Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

As a volunteer/intern with the Friends of the Portsmouth Juvenile Court, Inc.(FOPJC) I understand I will be volunteering, either directly or indirectly, with children or juveniles that have been before the Third District Juvenile and Domestic Relations Court.

I understand that compliance with all of the requirements below is mandatory for the safety of all involved with FOPJC.

1. The references I listed may be contacted by telephone or e-mail.
2. I understand that the terms listed above are not all-inclusive and may be updated, as needed.
3. I understand the need for and consent to a background check.

I affirm that the information given in this application is true and accurate to the best of my knowledge.

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

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