

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

Volunteer Application

The Grayson County Department of Juvenile Services follows equal opportunity principles and does not discriminate on the basis of race, color, religion, age, sex, national origin or disability. Any person who desires to volunteer with the department is subject to all applicable policies and procedures.

NAME		OTHER NAMES (ex. maiden)	
ADDRESS		CITY	
HOME PHONE	WORK PHONE	EMERGENCY CONTACT	

HIGH SCHOOL	COMPLETE YES NO	YEAR COMPLETE
COLLEGE/UNIVERSITY	COMPLETE YES NO	MAJOR

CURRENT EMPLOYER	NUMBER YEARS
OCCUPATION	SUPERVISOR
EMPLOYER ADDRESS, CITY, STATE	
MAY WE CONTACT YOUR SUPERVISOR?	YES NO

RESIDENCE HISTORY – PLEASE DISCLOSE RESIDENCE FOR PAST 5 YEAR

	MONTH/YEAR	ADDRESS	CITY	STATE
1.				
2.				
3.				

REFERENCES: LIST THREE LOCAL REFERENCES

NAME			RELATIONSHIP	
ADDRESS	CITY	STATE	PHONE	

NAME			RELATIONSHIP	
ADDRESS	CITY	STATE	PHONE	

NAME			RELATIONSHIP	
ADDRESS	CITY	STATE	PHONE	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been convicted of a crime? _____ Are you currently under indictment? _____ If yes, please list when, where and nature of Offense: (A criminal history will not automatically disqualify you from service.)

What type of volunteer work and projects are you interested in?

2. Please discuss your hobbies, interest and activities (exclude activities which would reveal race, sex, age, religion, national origin, color, disability or any other protected status):

3. Please describe any volunteer work that you have done:

4. Please address your views on juvenile delinquency. You may use the back of the page if needed.

5. Please address any prior counseling experience you may have or describe any work you may have done with adolescents or teenagers:

6. What are your personal motives for desiring to work as a volunteer with this department?

7. Schedule of hours available for volunteer work (please list hours and days of week)

8. If you know - which program do you prefer to volunteer with:

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements of information furnished by me may void this application or result in my privileges being revoked.

I understand that if I work as a volunteer for the Grayson County Department of Juvenile Services I will be expected to uphold the rules on confidentiality.

I understand that the Department must screen carefully for volunteers and I authorize investigation of all statements contained herein and the references listed and authorize the Department to contact the following and any other agencies: police departments, Sheriff's Office of Grayson County, Department of Public Safety and Children's Protective Services.

Signature: _____

Date: _____