

ADD
LOGO
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Family Justice Center

Volunteer Application Form

PLEASE PRINT IN INK.

NAME:

Last

First

Middle

Suffix

VOLUNTEER POSITION APPLYING FOR:

THE FOLLOWING INFORMATION IS CONFIDENTIAL

SOCIAL SECURITY NUMBER:

MAILING ADDRESS:

Street

Apt/Unit or PO Box

City

State

Zip Code

HOME NUMBER: ()

CELL PHONE NUMBER: ()

E-MAIL ADDRESS:

GENDER: Male Female

BIRTH DATE:

Month

Day

Year

ARE YOU OVER 18? (Please Circle) YES NO

CALIFORNIA DRIVER'S LICENSE:

Number

Class

Restrictions

BACKGROUND CHECK: A _____ Police Department background check is required to volunteer at the Family Justice Center.

LANGUAGE PROFICIENCY: List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.).

Language:

Level of Proficiency:

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No

GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name	Location	Attended From - To (Mo-Yr)
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Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
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Name	Location	Attended From - To (Mo-Yr)
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Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
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BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name	Location	Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Location	Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY: List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties.

EMPLOYER/Kind of Business	Your Job Title	DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)		From: Mo Yr
Supervisor Name:	Title:	Phone:
Duties		To: Mo Yr
Number of Employees Supervised:		
EMPLOYER/Kind of Business	Your Job Title	DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)		From: Mo Yr
Supervisor Name:	Title:	Phone:
Duties		To: Mo Yr
Number of Employees Supervised:		

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

Short Essays

Describe why you want to volunteer at the Family Justice Center:

Describe your skills and experience that would benefit the Family Justice Center:

Describe your knowledge and understanding of domestic violence:

Please include any additional information, views, or comments.

Pre-Interview Information

- | | | | |
|----|--|---|---|
| 1. | Have you used illegal drugs in the last three (3) years? | Y | N |
| 2. | Have you been arrested for any crime in the last 10 years? | Y | N |
| 3. | Have you been involved in any illegal activity that would disqualify you as a volunteer? | Y | N |
| 4. | Are you unable to volunteer a minimum of 16 hours per month? | Y | N |
| 5. | Are you unable to make a one (1) year commitment to the FJC as a Volunteer? | Y | N |

If you answered (Y) yes to any of the above please explain?

CERTIFICATION: I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I also certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a position with the Family Justice Center.

Signature

Date

ADMINISTRATION

First Position:

Second Choice:

Day(s) able to volunteer: Mon Tue Wed Thur Fri

Shift able to volunteer: 8:30 a.m. - 12:30 p.m. 12:30 p.m. - 4:30 p.m.

Academy track able to attend: I II

Assigned academy date: _____

FOR FJC USE ONLY

Application Received:

Application Entered:

Application Reviewed:

- Accepted Rejected Conditional Accept

Reason for reject/conditional accept:

- | | | |
|--|--|---|
| <input type="checkbox"/> Interviewed | <input type="checkbox"/> Background packet | <input type="checkbox"/> Background checked |
| <input type="checkbox"/> Assigned to Academy | <input type="checkbox"/> Graduation | <input type="checkbox"/> Assigned to Position |