

FULTON COUNTY JUVENILE COURT VOLUNTEER APPLICATION

Fulton County Juvenile Court 395 Pryor Street SW Atlanta, Georgia 30312 Office: 404-612-4402



The mission of the Fulton County Juvenile Court is: first, to protect children and the community in matters brought before the court, to rehabilitate children, and to restore families; and second, to create opportunities for the community, partners, and stakeholders to actively engage in this mission.

Date:			
A. CONTACT DATA			
Name:	LAST	FIRST	(MI)
Email Address:		FIRST	
Home Telephone Number:			
Mobile Telephone Number	·		
Home Address:			
	CITY	STATE	ZIP
Mailing Address: (IF DIFFERENT)			
	CITY	STATE	ZIP
Emergency Contact:		Primary Telephone:	
Relationship to Applicant:			
B. EMPLOYMENT DATA			
Current Employer:		Position/Title:	
Work Address:			
Work Telephone Number:		May we contact you at	work?

C. EDUCATION & EXPERIENCE

Highest Level Completed	: High School	College	Post-Graduate	Masters or Doctorate
Please list and describe a	iny current or pre	evious volunte	er/community serv	ice involvement:
Dates: Organization: Responsibilities:				
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Dates: Organization: Responsibilities:				

D. INTERESTS & AVAILABILITY

How did you hear about the Fulton County Juvenile Court Volunteer Program?

Why do you wish to volunteer with the Fulton County Juvenile Court?

Please list any relevant skills that will help determine placement (Examples: computer/software knowledge, certifications, etc.):

Please indicate which programs or areas of service you are interested in: Citizen Review Panel Community Restorative Board SMART Moves (Chess Club) TLC (The Learning Club)						
Specify the c	Specify the days and hours you are available to volunteer:					
□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday						

E. CRIMINAL BACKGROUND INFORMATION*:

*All questions in this section must be answered

1.	Have you ever	been convicted of	of a criminal	offense?	Yes	No
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2.	Have you ever	been co	nvicted of a	a crime	involving	child ne	glect, a	abuse,	or endan	germent?
							Yes		No	

3.	Have you ever been convicted of a crime involving the use of	r sale of illeg	al drugs?
		Yes	No
4.	Do you presently hold a valid Georgia Driver's license?	Yes	No
5.	Has your driver's license ever been suspended or revoked?	Yes	No
	Do you have any pending offenses?	Yes	No
7.	Do you have any pending charges in juvenile court?	Yes	_ No

If you answered "Yes" to any of the above questions, please provide additional details.

F. REFERENCES

Please list three people who you know well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship	Phone Number	Email

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that the answers given in this application are true and complete to the best of my knowledge. I certify that I have and will answer all questions throughout the selection process to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application to volunteer with the Fulton County Juvenile Court. I understand that information contained on my application will be verified and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Fulton County Juvenile Court or my dismissal from the Volunteer Program.

SIGNATURE



FULTON COUNTY JUVENILE COURT VOLUNTEER RELEASE OF INFORMATION & CONFIDENTIALITY AGREEMENT

The mission of the Fulton County Juvenile Court is: first, to protect children and the community in matters brought before the court, to rehabilitate children, and to restore families; and second, to create opportunities for the community, partners, and stakeholders to actively engage in this mission.

I hereby authorize Fulton County Juvenile Court and any law enforcement agency to receive criminal history record information and state central registry information pertaining to me which may be in files of any federal, state, or local criminal justice agency and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and received on a continual basis during the period of time that I am an active volunteer for the Fulton County Juvenile Court.

As a volunteer with the Fulton County Juvenile Court, I understand that I must maintain the privacy and confidentiality of any and all case or client information. I recognize the value and sensitivity of confidential information and understand that it is protected by law. I agree to keep all such information confidential for an indefinite period of time, even after I am no longer a volunteer with Fulton County Juvenile Court. I agree to follow the above rules of confidentiality. I understand that failure to do so will result in immediate dismissal as a volunteer.

**The following information must be legible and complete.

Full Name:			
	LAST	FIRST	MIDDLE
Home Address: _			
-	CITY	STATE	ZIP
		/ /	
SEX		DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NO.
Please check one	:		
American Indian Hispanic / Latino		Asian ative Hawaiian / Pacific Islander	Black / African American White / Caucasian
SIGNATURE		DATE	