

**CONFIDENTIAL APPLICATION
JUVENILE JUSTICE COMMISSION VOLUNTEER**

Name: _____
Last
First
Middle

Address: _____
Street
City
State/Zip Code

Telephone: _____
Home
Work
Other (Explain)

DOB: / /
Drivers License No.
Social Security Number

Employed: Yes No
Place of Employment

Student: Yes No
School Presently Attending

Grade Level: _____ Major: _____

REFERENCES: (Please provide at least three.)

Name	Address	Telephone	Relationship

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Are you available for Commission meetings the first Wednesday of each month 3:00p.m. -- 5:00p.m.?

Yes No

Please provide a brief statement explaining why you are interested in becoming a Commission member:

I hereby agree that if I am accepted as a volunteer, I will submit to a Live Scan, attend Commission meetings regularly and participate in duties and responsibilities as to advance the mission of the Juvenile Justice Commission (JJC) as outlined in the JJC bylaws.

If accepted, I understand that I am agreeing to assist the JJC for a period of 3 to 6 months period of time. I understand that my. I also understand that I serve at the pleasure of the membership and my volunteer status can be terminated at any given time and/or reason.

Signature of Applicant: _____ Date: _____