

VOLUNTEER SUPPLEMENTAL APPLICATION

Name: _____ MI: _____ Last Name: _____

Home Number: _____ Cell Number: _____

Email: _____

Emergency Contact and phone number: _____

Are you employed? Yes or No. If yes, please provide the following information.

- Company Name: _____
- Job Title: _____ How many years w/ company: _____

Write or circle the appropriate response to the following questions

1. Are you willing to pay for a background check through the National Instant Criminal System (NICS)? **Yes or No**
2. Are you an elected member of any community, local, state or regional entity? **Yes or No**
If yes, list organization(s), position(s) and duration served:
 1. _____
 2. _____
 3. _____
 4. _____
3. Are you willing to commit to a 3 to 6-month term as a volunteer commissioner? **Yes or No**
4. Are you willing to attend two 2-hour standing meetings per month? **Yes or No**
5. Is your schedule flexible enough where you can commit 5 to 10 additional hours for meetings and/or commission work beyond the standing meetings? **Yes or No**
6. Are you willing to work with commissioner to complete tasks/duties as needed? **Yes or No**
7. Do you have reliable and dependable means of transportation? **Yes or No**
8. What is your understanding of the function and purpose of the Juvenile Justice Commission?

9. Do you have an established local, state and/or regional level audience?
Yes or No? If yes, please list (i.e. groups, association or publication with which you communicate or contribute frequently?).

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10. What specific skill sets do you possess (i.e. grant writing, accounting, knowledge of Juvenile Law, social media management, etc.) and years of experience in each area?

1.
2.
3.
4.
5.
6.

11. Is there anything else you would like the Commission to know about you?

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