

**JUVENILE JUSTICE COMMISSION**

**VOLUNTEER APPLICATION FOR YOUTH MEMBERSHIP (ages 14-21)**

|  |
| --- |
| Full Name:  |
| Home Address:  |
| Home Phone#: ()  | Cellular#: ()  |
| Email:  |  |
| **The following is required for background check purposes:** |
| Date of Birth:       Driver’s License or State ID Number:       |
| Name of School:       Name of Principal:       Name of Counselor:       Grade:       Address:       Phone Number:       School Hours:       |
| Are you currently employed: Yes       No       If “Yes” please provide the following:Employer Name, address, and phone number:      Hours and days of employment:       |
| Please list any school activities you participate(ed) in including any public commissions, boards or councils:       |
| The Commission requires attendance for meetings, inspections and functions-what means of transportation do you have?       |
| Why do you want to serve on the Juvenile Justice Commission and what contributions would you hope to make as a youth member?       |
| (3) References that can speak about your qualifications to serve as a member of the Commission:                 |

I certify the information provided on this volunteer application is true and correct to the best of my knowledge

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION**

**BY MAIL OR IN PERSON:** MADERA COUNTY SUPERIOR COURT

ATTENTION: HUMAN RESOURCES

200 SOUTH G STREET

MADERA, CA. 93637

**OR BY EMAIL:** HR@madera.courts.ca.gov