Text

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**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](mailto:HR@madera.courts.ca.gov)