

**JUVENILE JUSTICE COMMISSION**

**VOLUNTEER APPLICATION FOR ADULT MEMBERSHIP**

|  |
| --- |
| Full Name:  |
| Home Address:  |
| Home Phone#: ()  | Cellular#: ()  |
| Work Phone#: ()  | Email:  |
| **The following is required for background check purposes:** |
| Date of Birth:       Driver’s License or State ID Number:       |
| Are you currently employed: Yes       No       If “Yes” please provide the following:Employer Name, address, and phone number:      Position:      Supervisor Name:       |
| Educational Background (please list degrees, certificates, year awarded):       |
| Other County Board/Commissions/Committees on which you have served:       |
| Do you have any previous experience with the juvenile justice system? If so, please explain:       |
| List any community organizations you are involved with:       |
| Please explain your reasons for wishing to serve as a Juvenile Commissioner, and how do you feel you could contribute:  |
| Summarize your experience with youth or youth activities that you feel is important and relevant to the responsibilities 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