Text

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