

**DU PAGE COUNTY, ILLINOIS
EIGHTEENTH JUDICIAL CIRCUIT COURT
VOLUNTEER APPLICATION FORM**

(FOR OFFICE USE) <input type="checkbox"/> Probation <input type="checkbox"/> Detention: Bible study Tutor/mentor Pet therapy
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All information provided on this application is subject to verification. It is our procedure to contact personal references and to conduct a criminal history check of prospective volunteers. All records verification will be strictly confidential.

PERSONAL INFORMATION

GROUP AFFILIATION _____

FULL NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____ **HOME PHONE:** () _____
STREET

_____ **WORK PHONE:** () _____
CITY STATE ZIP

E-MAIL: _____ **CELL PHONE:** () _____

EMPLOYMENT HISTORY (List employment history starting with current employer).

EMPLOYER NAME _____ **PHONE:** _____

ADDRESS: _____

POSITION(S): _____ **FROM:** _____ **TO:** _____

JOB DUTIES/RESPONSIBILITIES: _____

EMPLOYER NAME _____ **PHONE:** _____

ADDRESS: _____

POSITION(S): _____ **FROM:** _____ **TO:** _____

JOB DUTIES/RESPONSIBILITIES: _____

*** MAY WE CONTACT YOU AT WORK? _____ YES _____ NO**

EDUCATION INFORMATION

Please list any skills, abilities, courses, workshops/training sessions, licenses/certifications, etc. that might relate to the volunteer position for which you are applying. _____

EDUCATION (Grade Level Completed): _____

LAST SCHOOL ATTENDED: _____

AREA OF STUDY: _____

***IF CURRENTLY ATTENDING SCHOOL, Will you be receiving credit for volunteering? _____ YES _____ NO**
(If "YES", indicate name and address of school and contact person.)

ADDITIONAL INFORMATION

Are you fluent in a language(s) other than English? If so, please list _____

Please list previous volunteer experience. _____

How many hours per week are you able to volunteer? _____

Days available to volunteer: _____

How did you hear about the Circuit Court Volunteer Program? _____

Have you ever been convicted of a crime? ____ YES ____ NO *IF YES, please provide date, place, nature of conviction & disposition:

REFERENCES (include an employer and two other people)

NAME: 1) _____ 2) _____ 3) _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____

RELATIONSHIP: _____

IN CASE OF EMERGENCY, please contact:

Name _____ Relationship _____

Home phone # _____ Work phone # _____

I hereby acknowledge that the information provided in this application is true and correct *and I understand that any misrepresentation by me may be cause to terminate my position as a volunteer.*

SIGNATURE _____ DATE _____

RETURN FORM TO:

**VOLUNTEER COORDINATOR
DEPARTMENT OF PROBATION AND COURT SERVICES
503 North County Farm Road
Wheaton, Illinois 60187
630-407-8416**