

****CONFIDENTIAL VOLUNTEER APPLICATION****

**LEELANAU COUNTY FAMILY COURT
VOLUNTEER SERVICES
(231) 256-9803**

Dear Prospective Volunteer:

Please complete this application in full. To complete the process, an interview with the volunteer coordinator and an orientation to court procedures will follow.

Full name (last, first, middle): _____

Date of Birth: _____ Place of Birth: _____

Complete address: _____

Email address: _____

Number of years at current address: _____ Number of years as a county resident: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Social Security No.: _____

If you are a college student, please give home address, home phone: _____

Occupation: _____

Employer's name, address, phone: _____

Are you available to transport juveniles? YES NO

Driver's license No. _____

Are you available for assignments out of the county? (i.e. transporting juveniles to another county)

YES NO

Are you available for overnight assignments? YES NO

Are you currently on any medications? YES NO

If yes, please explain: _____

Have you had any serious illness, mental or physical, in the last five (5) years?

YES NO

If yes, please explain: _____

Have you ever been confined in any mental or correctional facility?

YES NO

If yes, please explain: _____

Have you ever been charged with a criminal offense? YES NO

If yes, please explain: _____

Have you ever been convicted for a criminal offense? YES NO

If yes, please explain: _____

How did you become informed about the Volunteer Program? _____

Why are you interested in becoming a court volunteer? _____

Have you had any previous court experience? _____

Have you had any contacts with law enforcement agencies? YES NO

If yes, please explain: _____

List any special interests, hobbies, and activities you enjoy: _____

REFERENCES

Name	Title
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Address	Phone
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Name	Title
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Address	Phone
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Name	Title
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Address	Phone
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I declare the above statements are true to the best of my information, knowledge and belief.

Date

Signature