



BEXAR COUNTY JUVENILE PROBATION DEPARTMENT
Volunteer Application
CONFIDENTIAL

Application Received:

Application Sent to HR:

PERSONAL INFORMATION

LAST NAME:		FIRST NAME		MIDDLE NAME:	
TITLE (PLEASE CHECK ONE): <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.			ETHNICITY/RACE:		
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		MAILING ADDRESS:			
CITY:	STATE:	COUNTY:	ZIP CODE:		
HOME PHONE:	BUSINESS PHONE:	CELL PHONE:	EMAIL:		
DATE OF BIRTH (XX/XX/XXXX):	PLACE OF BIRTH:		DRIVER'S LICENSE NUMBER & STATE:	EXPIRES:	
EMPLOYER (IF CURRENTLY EMPLOYED):					
POSITION / TITLE:			How Long:		

HOW DID YOU HEAR ABOUT PROGRAM:

AVAILABILITY DAYS AVAILABLE TO VOLUNTEER (PLEASE CIRCLE)

BUSINESS HRS (9 AM – 5 PM) <input type="checkbox"/>	AFTER HRS (AFTER 5 PM) <input type="checkbox"/>	WEEKENDS (SATURDAY / SUNDAY) <input type="checkbox"/>
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PROGRAM INTEREST

VOLUNTEER IN PROBATION/PARTNERS FOR YOUTH	
<input type="checkbox"/> MENTORING	
<input type="checkbox"/> SHADOW PO	
<input type="checkbox"/> OFFICE CLERK	
<input type="checkbox"/> COMMUNITY SERVICE WORK CREW	
<input type="checkbox"/> SPECIAL PROJECTS (WITH VIP)	
<input type="checkbox"/> OTHER (PLEASE EXPLAIN)	
LIST CIVIC, CHURCH, VOLUNTEER, PROFESSIONAL ORGANIZATIONS IN WHICH YOU ARE OR HAVE BEEN AFFILIATED:	
WHAT IS YOUR REASON FOR WANTING TO VOLUNTEER WITH THE JUVENILE PROBATION DEPARTMENT?	
PLEASE LIST ANY SKILLS, JOB/VOLUNTEER/MINISTRY EXPERIENCES THAT YOU BRING WITH YOU AS A VOLUNTEER:	

EMERGENCY CONTACT INFORMATION (IN CASE OF AN EMERGENCY, PLEASE CONTACT)

NAME:		RELATIONSHIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:

GENERAL BACKGROUND

GED: YES NO

HIGH SCHOOL DIPLOMA: YES NO UNIVERSITY / COLLEGE COMPLETED: YES NO

DEGREE/TRAINING/CERTIFICATIONS/PROFESSIONAL LICENSES:

REFERENCE: PLEASE PROVIDE PERSONAL REFERENCE

PLEASE INCLUDE THEIR ADDRESS, ZIP CODE AND TELEPHONE NUMBER. REFERENCES SHOULD NOT BE FAMILY MEMBERS AND HAVE KNOWN YOU FOR 5 YRS. OR MORE.

<u>PRINT NAME</u>	<u>ADDRESS(CITY & STATE) & ZIP CODE</u>	<u>PHONE</u>
1.		

CERTIFICATION – AUTHORITY FOR RELEASE

I certify that the statistical and personal data furnished on this application is correct. I am aware that the Bexar County Juvenile Probation Department (“the Department”) has an obligation to the minors with whom applicants are matched not to expose them to role models that may improperly influence them or adversely affect them in any way. In light of the responsibility of the Department to such children and their parents, I do hereby knowingly and voluntarily consent to the disclosure to the Department of any records or information pertaining to my application or which may be used by the Department to determine my suitability as a volunteer in the Volunteers In Probation program. Such information may include, but shall not be limited to, employment records, records of any law enforcement agency, references, psychological evaluations or testing results, medical records, and the records of any other agency or organization which utilizes volunteers.

I understand that all information provided to and obtained by the Department will be held in strict confidence. The Department may, however, disclose to other agencies and organizations which utilize volunteers the fact that I applied for and/or served with the Department as a volunteer. Furthermore, all information obtained by the Department shall be deemed to be the sole property of the Department and Bexar County, and shall not be available to me or anyone outside the Department or Bexar County, excepting parents of minor participants, unless written authorization for the disclosure of information has been obtained from me. I understand and agree that I am not obligated, if called upon, to perform services of a volunteer and that the Department is not obligated to assign, or actively seek to assign, a child to me.

I hereby release and discharge Bexar County and its officers, employees, agents and representatives from any and all actions, causes of action, claims, demands, and liabilities, including all expenses of litigation, court costs and attorneys’ fees, arising out of the disclosure or use of information provided to the Department pursuant to this Consent and Release.

SIGNATURE OF APPLICANT:	DATE:

Thank you for your interest in Volunteering! Please Attach a Copy of your Drivers License For Processing