



VOLUNTEER APPLICATION
A DALLAS COUNTY JUVENILE DEPARTMENT SUPPORT PROGRAM

Group Name: _____
 Group Leader: _____

Having carefully considered the opportunity and responsibility involved, I hereby offer my services to this agency and the youth of Dallas County as a Volunteer.

SECTION I - PERSONAL DATA

Name (Last) (First) (Middle)	Sex Male ____ Female ____	Telephone Number(s): (Area Code and No.) Cell: Work:
Address (Street) (City) (State) (Zip Code)	How Many Years Have You Lived in Dallas?	

SECTION II - OTHER RELATED INFORMATION

Race (Please Check One): CAUCASIAN ____ AFRICAN AMERICAN ____ HISPANIC ____ AMERICAN INDIAN ____ OTHER:		
Social Security Number:	Date of Birth:	
Drivers License Number:	State:	Restrictions:
Marital Status (Please Check One): Married ____ Single ____ Divorced ____ Separated ____ Widowed ____		
Spouse Name: (Last) (First) (Middle)	Date of Birth:	
Address: (Street) (City) (State) (Zip Code)	Employer:	
Children (Include Name, Age, and Sex of <u>all</u> Children in Household):	Other People in Household (Include Name and Age):	
Have You Ever Been Arrested? Yes ____ No ____ Do You Have Any Unpaid Traffic or Parking Tickets? Yes ____ No ____	Hobbies and Interest (Give Details if Needed):	
Are You Currently Under a Doctor's Care for any Medical Conditions? Yes ____ No ____	If Yes, Please Explain:	
Are You Now or Have You Ever Sought Help, Counseling, or Treatment of any Type of Nervous or Emotional Conditions? Yes ____ No ____	If Yes, Please Explain:	

SECTION III - EDUCATION & TRAINING

High School	Complete Address	Graduated: (__Yes __No) or GED (__Yes __No) (If you answered "No" to both questions, indicate the highest grade completed: _____)
College or University	Complete Address	Degree: (__Yes __No) Type of Degree: _____ Number of Hours Completed: _____ Field of Study: _____
Trade School	Complete Address	Degree: (__Yes __No) Type of Degree: _____ Number of Hours Completed: _____ Field of Study: _____

SECTION IV - WORK EXPERIENCE

(1) Name of Employer	Phone:	Name and Title of Supervisor:	Job Title:
		Telephone Number:	
Address	(City)	(State)	(Zip Code)

SECTION V - REFERENCES

(1) Business/Professional	Address				(City)	(State)	(Zip Code)
Phone:	Relationship:	Years Known:	Employer:	Occupation:			
(2) Personal	Address				(City)	(State)	(Zip Code)
Phone:	Relationship:	Years Known:	Employer:	Occupation:			

I do hereby give permission to the Dallas County Juvenile Department to investigate my background and character. I understand and agree that my application will be reviewed by the Mentor Program Coordinator and a criminal records check will be made on a Local, State, and National level. I understand that any false information on my application may be cause for dismissal from the Mentoring Program.

I understand the following must be successfully completed before I can be considered as a Volunteer with the Dallas County Juvenile Department:

1. Reference Check
2. Criminal Records Check
3. Participate in the Volunteer General Orientation Training

I also understand that this information will be kept in the strictest confidence and only released with my permission.

Signature

Date

THE DALLAS COUNTY JUVENILE DEPARTMENT THANKS YOU FOR YOUR INTEREST!

Please return to:

**Carmen Quirino
Human Resource Department
Dallas County Juvenile Department
2600 Lone Star Drive, Box 5
Dallas, Texas 75212**

Phone: 214-698-5568 Fax: 214-698-5566 Email: cquirino@dallascounty.org