|  |  |  |
| --- | --- | --- |
| Jefferson ParishDepartment of Juvenile ServicesAPPLICATION TO VOLUNTEER \*\*Microsoft word is required to run this document properly\*\* | |  | | --- | | **OFFICE USE ONLY**  Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Interviewed:        \_\_\_\_\_\_\_\_\_\_\_  Jeff Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Orleans Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NSOR:\_                     \_\_\_\_\_\_\_\_  SSOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LA Drivers Record:  Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal Reference Checks:  To Sent Returned  1)                         \_\_\_\_\_\_\_\_\_  2)                         \_\_\_\_\_\_\_\_\_  3)                         \_\_\_\_\_\_\_\_\_  Orientation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Training:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervised by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Placement Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Personal Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City / State / ZIP |  |
| Years at current residence |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| LA Driver’s License Number |  |
| Name of Car Insurer |  |
| Will a vehicle be available |  |

## Interests

### In which area/s you are interested in volunteering?

|  |  |
| --- | --- |
| Associate’s Degree Internship | Mentoring |
| Bachelor’s Degree Internship | Tutoring |
| Master’s Degree Internship | Marketing for Mentors & Tutors |
| Master’s Degree Practicum | Recruitment of Mentors & Tutors |
| Doctorate Degree Internship | Fundraising for Mentoring & Tutoring |
| Doctorate Degree Practicum | Community Outreach for Mentoring & Tutoring |
|  |  |
| Other: | Other: |

## Availability

### During which hours are you available for volunteer/ intern assignments?

|  |  |  |
| --- | --- | --- |
| Mon.  a.m.  p.m. | Thurs.  a.m.  p.m. | Sun.  a.m.  p.m. |
| Tues.  a.m.  p.m. | Fri.  a.m.  p.m. |  |
| Wed. a.m.  p.m. | Sat.  a.m.  p.m. |  |

## Personal Work History

|  |  |
| --- | --- |
| Current Employer |  |
| Current Supervisor |  |
| Start Date |  |
| Phone Number |  |
| Address City / State |  |
| Days/ Hours Work |  |
| Job Description |  |
| Previous Employer |  |
| Previous Supervisor |  |
| Start Date / End Date |  |
| Phone Number |  |
| Address City / State |  |
| Days/ Hours Work |  |
| Job Description |  |

## Education / Training

|  |  |
| --- | --- |
| High School and Address |  |
| Year Graduated |  |
| College and Address  Y |  |
| Year Graduated |  |
| Other Training / Education Completed |  |
| Year Completed |  |

## Personal History

### Please complete thoroughly. Add attachments if necessary. Enter NONE if any entry does not apply.

|  |  |
| --- | --- |
| Personal Felony Conviction Details |  |
| Personal Outstanding Warrants |  |
| Personal Outstanding Felony Charges Anywhere |  |

## Personal References (3)

### Known for at least two years / Non-relatives / Complete all requested contact information.

|  |  |
| --- | --- |
| Name |  |
| Relationship (Friend or Neighbor) |  |
| Length of Acquaintance |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |
| Name |  |
| Relationship (Work related) |  |
| Length of Acquaintance |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |
| Name |  |
| Relationship (School related) |  |
| Length of Acquaintance |  |
| E-mail (REQUIRED) |  |
| Address City / St / Zip |  |
| Day Phone with area code |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| City / State |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer/intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

## Submission

Once you complete this form electronically, return it as an attachment to:

[narceneaux@jeffparish.net](mailto:narceneaux@jeffparish.net)