



**SUPERIOR COURT OF THE STATE OF
WASHINGTON
FOR THE COUNTY OF YAKIMA**

JUVENILE COURT DIVISION

1728 Jerome Avenue
Yakima, WA 98902-1820
(509) 574-2050
FAX (509) 574-2051

Candi Shute, Juvenile Court Administrator

SUPERIOR COURT JUDGES

SUSAN L. HAHN
MICHAEL G. McCARTHY
DOUG L. FEDERSPIEL
BLAINE G. GIBSON
DAVID A. ELOFSON
RUTH E. REUKAUF
GAYLE M. HARTHCOCK
RICHARD H. BARTHELD

**SUPERIOR COURT
COMMISSIONER**
ROBERT W. INOUYE
KEVIN S. NAUGHT

Detention ~ VOLUNTEER APPLICATION

Driver's License # _____

Social Security # _____

Maiden Name: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

WORK ADDRESS: _____

HOW LONG? _____

WORK PHONE: _____

Brief Description of Work: _____

Can we phone you at work? [] Yes [] No

Work Hours: _____

Days Off: _____

EDUCATION

Highest grade completed in school or degree earned: _____

Major area of study and/or special training: _____

Are you currently attending school? [] Yes [] No If so, where and in which area are you studying?

Will you receive academic credit for your volunteer work? [] Yes [] No If so, please list the name of the course,
instructor and phone number where your instructor may be reached:

PAST EMPLOYMENT

BUSINESS/AGENCY: SUPERVISOR: ADDRESS: START/END DATES:

1. _____
2. _____
3. _____

**(Continue on Page 3 If Necessary)

List personal interests, hobbies, etc.: _____

Have you ever been convicted of any crime? If so, list specific offenses and dates. Include traffic violations.

Offense: _____ Date: _____

Offense: _____ Date: _____

Offense: _____ Date: _____

Do you have a sensory, mental or physical disability, which would affect your ability to perform this volunteer work?

Do you have access to an operable automobile? [] Yes [] No

Is it insured? [] Yes [] No

Name of Insurance Co: _____ Agent: _____ Phone: _____

How did you hear about this volunteer opportunity? _____

VOLUNTEER EXPERIENCE

Societies, clubs, organizations of which you are now or have been a member, which may relate to this volunteer position:

AGENCY\GROUP: HOURS PER WEEK: START/END DATES:

1. _____
2. _____
3. _____
4. _____

List any other volunteer experience: _____

PERSONAL REFERENCES

Please list four references: (Include an employer/immediate supervisor, if applicable, and at least two people who have known you two years or longer and who are not relatives. Please include complete address.)

1.		
Last name:	First:	
Street address:	City, State, Zip:	Phone no.: ()
2.		
Last name:	First:	
Street address:	City, State, Zip:	Phone no.: ()
3.		
Last name:	First:	
Street address:	City, State, Zip:	Phone no.: ()
4.		
Last name:	First:	
Street address:	City, State, Zip:	Phone no.: ()

AUTHORIZATION TO RELEASE INFORMATION

I understand that by submitting this application, I authorize inquiries to be made regarding my suitability as a volunteer. I authorize the release of any and all information concerning me, including but not limited to, criminal background, performance, attendance, termination review, disciplinary reports. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence. I acknowledge and agree that I am not obligated, if called upon, to perform volunteer services for the agency; and the agency is not obligated to assign volunteer service. I hereby declare that the above application information is true and correct to the best of my knowledge

SIGNATURE: _____ DATE: _____

***(from first page) THIS INFORMATION IS REQUESTED FOR THE PURPOSE OF CHECKING CRIMINAL HISTORY.
ALL THE INFORMATION PROVIDED IS COMPLETELY CONFIDENTIAL. YOUR AGE WILL NOT BE USED TO DETERMINE YOUR ELIGIBILITY AS A VOLUNTEER.**

DID YOU FILL OUT THE DRIVER'S LICENSE/SOCIAL SECURITY/MAIDEN NAME SECTION AT TOP OF FIRST PAGE?

**** (Use the space below for additional information you'd like us to know.)**

JUVENILE DETENTION VOLUNTEER APPLICANT QUESTIONNAIRE

1. What are your personal reasons for wanting to volunteer for Juvenile Court?

2. What is your understanding, at this point in time, of the Juvenile Court's most important function?

3. What do you believe are some of the toughest problems facing teenagers today?

4. What do you believe are your greatest strengths and weaknesses concerning working with young people in this capacity?

YOUR HONEST APPRAISAL OF YOURSELF IN THE FOLLOWING AREAS WILL ASSIST US IN TRAINING YOU:

(Circle One: 1 = Poor; 2 = Fair; 3 = Good)

1 2 3 Your ability to handle verbal confrontation.

1 2 3 Your ability to express your thoughts verbally.

1 2 3 Openness to working with members of the opposite sex in this type of role.

1 2 3 Listening skills. (Your ability to understand both what's actually stated as well as that which is implied during conversation.)

1 2 3 Your ability to work as a team member.

PLEASE MAIL BACK TO:

**Jennifer Knight
Detention Manager
Yakima County Juvenile Court
1728 Jerome Avenue
Yakima, WA 98902-1820**

CONFIDENTIAL

To: Yakima County

AUTHORIZATION TO RELEASE INFORMATION

I, _____ have applied for a volunteer position with _____ and I am required to furnish information for use in determining my qualifications. Accordingly, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. For identification purposes, I am providing the following:

Name: _____ Maiden/Alias: _____
Last *First* *M* *Last* *First* *M*

Date of Birth: _____ / _____ / _____ Social Security Number: _____ / _____ / _____

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signed _____ Date _____

Witnessed: _____