



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. INOUE  
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?

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

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

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

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**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 \_\_\_\_\_

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Witnessed: \_\_\_\_\_