



PROBATE COURT / COURT VISITOR PROGRAM

VOLUNTEER APPLICATION

Name:		
Address:		
City:	State	Zip
Phone:	Cell Phone:	
E-Mail Address:		
Emergency Contact/Relationship:	Emergency Contact Phone Number:	
Criminal History Check Provided: ___Yes ___No Criminal History Check Completed: ___Yes ___No	Auto Insurance: Copy of policy Provided ___Yes ___No ___Monthly ___Bi-Annual ___Annual	

****We will request to make a copy of your Driver's License at the time of scheduled training.**

Date of Birth: _____ Place of Birth: _____

Social Security # _____ - _____ - _____ Driver License # _____ State _____

How did you hear about the Court Visitor Program? _____

II. EDUCATION

Name of High School _____

City and State _____

Date Graduated _____

Name of College _____

City and State _____

Date Graduated _____ Degree _____

III. EMPLOYMENT HISTORY

Please provide the following information. Begin with the most recent position. Attach additional sheet(s) if necessary.

**May include Resume and reference list in place of employer and reference questions on pages 2-3.

Employer: _____ Phone: _____

Position: _____ Supervisor: _____

Employed From _____ to _____ Reason for Leaving _____

Brief Job Description:

Employer: _____ Phone: _____

Position: _____ Supervisor: _____

Employed From _____ to _____ Reason for Leaving _____

Brief Job Description:

Employer: _____ Phone: _____

Position: _____ Supervisor: _____

Employed From _____ to _____ Reason for Leaving _____

Brief Job Description:

IV. VOLUNTEER EXPERIENCE

Please provide all recent volunteer experiences and the name of the agency/organization.

V. SPECIAL SKILLS/QUALIFICATIONS

Please list any special skills and/or qualifications that you feel will add to your participation in the Court Visitor Program.

VI. CRIMINAL HISTORY

Have you ever been arrested, charged, or convicted of a crime other than a traffic violation: Yes No

If yes, please state the capacity in which you were involved, the nature of the lawsuit, and the outcome: _____

VII. REFERENCES

Please do not include family members in this section.

Name: _____ Phone: _____

Address:

Relationship: _____

Name: _____ Phone: _____

Address:

Relationship: _____

VIII. LIABILITY INSURANCE

Do you have automobile insurance coverage? Yes No

***Please attach a copy for verification of automobile liability insurance coverage.**

IX. VEHICLE IDENTIFICATION

Year _____ License Plate _____

Make _____ Model _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature

Date