**M**ercer **C**ounty **J**uvenile **A**dvisory **C**ouncil Inc.

APPLICATION FOR OFFICE VOLUNTEER

**Volunteer Info**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last, First M.I.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

1. Employed: \_\_\_\_ PT \_\_\_\_ FT \_\_\_\_ Retired \_\_\_\_ Student \_\_\_\_ Unemployed

May you be called at work? \_\_\_\_ Yes \_\_\_\_ No If yes, telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have any experience in one of the following? :

\_\_\_ Recruitment \_\_\_ Training Others

\_\_\_Administrative Duties \_\_\_ Conference, Seminar, Event Planning/Facilitation

List current and previous volunteer work and/or community activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Education**

Formal Education: (highest year of school completed, please name any college/graduate degrees)

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**Personal**

1. Do you have any special skills/qualifications you feel would help your work with MCJAC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. All applicants for volunteer services must have Child Abuse History and Criminal History checks verified prior to assignment as mandated by the Child Protective Services Law.

Have you ever been convicted of a crime other than a traffic violation? \_\_\_ Yes \_\_\_ No

If yes, what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date convicted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you willing to obtain/release clearance & background checks to MCJAC? \_\_\_ Yes \_\_\_ No

4. How long have you lived in the area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If you have lived in another state within the last 5 years will you obtain background check information from that state as well? \_\_\_ Yes \_\_\_ No

**Schedule**

1. How many hours per week can you commit to volunteer at the MCJAC office? \_\_\_\_\_\_\_\_\_\_\_

2. Are you willing to commit at least one year of volunteer service to MCJAC? \_\_\_ Yes \_\_\_ No

3. Are you prepared to complete \_\_\_\_\_ hours of pre-service training? \_\_\_ Yes \_\_\_ No

**Reference/Background info**

MCJAC requires applicants to provide 3 personal references, preferably for whom you have either worked or volunteered for in the past. Are you willing to sign a personal reference form so that MCJAC can correspond with the references you list below? \_\_\_Yes \_\_\_No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mercer County Juvenile Advisory Council Inc. (MCJAC) reserves the right to make any checks deemed appropriate as to the suitability of all applicants. All information obtained is confidential and will be held in the strictest confidence.

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Applicant Signature Date

*Return to: Mercer County Juvenile Advisory Council Inc., 107 N. Diamond St. #202 Mercer, PA 16137*