

Juvenile Community Accountability Board (JCAB) Volunteer Application

DATE ____ / ____ / ____

Last Name First Name Full Middle

PERMANENT STREET ADDRESS CITY STATE ZIP CODE

Email Address Other Names Used, i.e., Alias/Maiden/Married

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of Birth ____ / ____ / ____

How did you find out about the Juvenile Community Accountability Board?

Why do you want to volunteer?

Please describe any prior volunteer experience:

Board meetings are generally held weekdays in the late afternoon or early evening.
Please mark the possible times you are available to volunteer:

Time of availability or restrictions:

Monday [] **Afternoon** From: _____ to _____ [] **Evening:** From: _____ to _____
Tuesday [] **Afternoon** From: _____ to _____ [] **Evening:** From: _____ to _____
Wednesday [] **Afternoon** From: _____ to _____ [] **Evening:** From: _____ to _____
Thursday [] **Afternoon** From: _____ to _____ [] **Evening:** From: _____ to _____
Friday [] **Afternoon** From: _____ to _____ [] **Evening:** From: _____ to _____

Please indicate how far from your home you are willing to travel for the board.

0-15 miles 15-30 miles 30-45 miles 45-60 miles

Employment status: Full-time Part-time Unemployed Student
Employers Name and address

If you are a student, please list school attending and major:

Have you ever been convicted of a crime? Yes No If yes, please list explain beginning with the most recent _____

Do you have any criminal cases currently pending, charges, and/or any Court fines, criminal or traffic outstanding? Yes No

Are you or any member(s) of your immediate family or household members currently involved with the Probation Department or New York State Parole? Yes No
If yes please explain:

Please provide any additional information you would like us to have in order to assist us in considering your application. Use the back if necessary.

BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.

The purpose of this application is to determine qualification for the volunteer position as a Juvenile Community Accountability Board member. All answers must be true, accurate, and complete. I understand that untruthful, misleading or omission of answers and/or statements are cause for rejection of my application or dismissal from the program. By signing below, I hereby certify that the above information is true to the best of my knowledge. I further authorize the Ulster County Probation Department to conduct a background check for the purposes of being considered as a volunteer for the Juvenile Community Accountability Board.

Volunteer Signature: _____ Date: _____