



VOLUNTEER APPLICATION

Harris County Juvenile Probation Department

*Office of Public Affairs
1200 Congress
Houston, Texas 77002*

PERSONAL INFORMATION

Name (Last, First, Middle)		Suffix (e.g., Jr.)	Other Names Used		
Address		Apt. #	City	State	Zip
Email Address		Cell Phone #		Other Contact #	

ADDITIONAL BACKGROUND INFORMATION

Do you have any pending charges involving a child victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been dismissed from a job or volunteer position due to sexual harassment complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any charges of a sexual nature pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation for abuse, neglect or exploitation of a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been civilly or administratively adjudicated for abuse, neglect or exploitation of a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION INFORMATION- Check all That Apply

<input type="checkbox"/> High School Diploma/GED				
<input type="checkbox"/> Currently Attending College	Major		University Name	
<input type="checkbox"/> Undergraduate Degree	Major		University Name	
<input type="checkbox"/> Graduate Degree	Major		University Name	
<input type="checkbox"/> Doctorate Degree	Major:		University Name	
<input type="checkbox"/> Military Service	Branch		Yrs. of Service	

EMPLOYMENT INFORMATION

<input type="checkbox"/> Employee Full-Time	<input type="checkbox"/> Student
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-Time Volunteer
Employer's Name	Occupation

MEDICAL INFORMATION

Do you have any medical conditions that would affect your ability to perform your duties, or that the Office of Public Affairs should be aware of? Yes No

If yes, please explain below

AVAILABILITY – Please enter the times under the day you are usually available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EMERGENCY CONTACT INFORMATION- In the event of an emergency , indicate the person to be notified

Name	Relationship	Daytime Phone #	Other Contact #

RELEVANT FAMILY INFORMATION

Are any members of your family employed by HCJPD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your juvenile relatives under the supervision of the HCJPD?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain below

PURPOSE OF VOLUNTEERING

Please explain below what you want from a volunteer opportunity:

Skills, Training, Experience, Interests - Please check all that apply:

<input type="checkbox"/> Woodworking	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Arts-Dance/Drama	<input type="checkbox"/> Arts-Painting/Sculpture/Drawing
<input type="checkbox"/> Dog Training/Walking	<input type="checkbox"/> Fishing/Boating	<input type="checkbox"/> Sports/Athletics	<input type="checkbox"/> Photography/Video/Film Maker
<input type="checkbox"/> Math/Science	<input type="checkbox"/> Music- DJ/Computer	<input type="checkbox"/> Music-Instruments	<input type="checkbox"/> Music- Singer/Song Writer
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Media/Newspapers	<input type="checkbox"/> Newsletter/Communications
<input type="checkbox"/> Business/Banking	<input type="checkbox"/> Medical/Medicine	<input type="checkbox"/> Clergy/Ministry	<input type="checkbox"/> Public Speaking/Training
<input type="checkbox"/> Computer-Gaming	<input type="checkbox"/> Computer-Database Design	<input type="checkbox"/> Computer-Graphic Design	<input type="checkbox"/> Web/Social Media Design
<input type="checkbox"/> Landscaping/Gardening	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Law Enforcement/Judicial	<input type="checkbox"/> Counseling/Social Work
<input type="checkbox"/> Reading	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Library Science

Please describe below, any certifications/licenses held or special skills that would benefit you as a HCJPD volunteer

PREFERENCE FOR VOLUNTEER WORK - Please check areas in which you have interest in serving:

<input type="checkbox"/> Mentor	<input type="checkbox"/> Tutor	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Librarian
<input type="checkbox"/> Casework Aide	<input type="checkbox"/> Web Designer	<input type="checkbox"/> Recreational Assistant	<input type="checkbox"/> Office Clerical Support
<input type="checkbox"/> Religious Worship/Teaching	<input type="checkbox"/> Educational Aide	<input type="checkbox"/> HCJPD Speaker's Bureau	<input type="checkbox"/> Music Art/Teacher
<input type="checkbox"/> Youth Visitation	<input type="checkbox"/> Work Force Development	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Reading/Book Club
<input type="checkbox"/> Computer Support- Database Design/Programming/Gaming		<input type="checkbox"/> Landscaping Gardening	

Other, Describe Below

REFERENCES – Please list three people other than relatives who would be willing to serve as personal references

1	Last Name	First Name	Relationship	Email Address
	Street Address	City, State and Zip	Daytime Phone #	Home Phone #
2	Last Name	First Name	Relationship	Email Address
	Street Address	City, State and Zip	Daytime Phone #	Home Phone #
3	Last Name	First Name	Relationship	Email Address
	Street Address	City, State and Zip	Daytime Phone #	Home Phone #

ACKNOWLEDGEMENT

- I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I understand that a criminal record check will be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- I understand that I will not be paid for my services as a volunteer.

Signature	Printed Name	Date
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Please scan this completed application and email it to: maria.hobson@hcjpd.hctx.net