

ISLAND COUNTY JUVENILE & FAMILY COURT SERVICES
VOLUNTEER APPLICATION

NAME: _____
 LAST MAIDEN FIRST MIDDLE

DOB: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

HOME PHONE: _____ WORK/MESSAGE PHONE: _____

PREVIOUS or CURRENT VOLUNTEER EXPERIENCE:

(Please include the dates and the name of the program(s) in which you volunteered.)

PREVIOUS EXPERIENCE with Youth (include work, volunteer, or parenting):

WHY DO YOU WANT TO VOLUNTEER?

HOW LONG ARE YOU WILLING TO VOLUNTEER?

REFERENCES:

| | NAME | RELATIONSHIP TO APPLICANT | ADDRESS | PHONE |
|----|-------|------------------------------|---------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

I HEREBY AUTHORIZE ISLAND COUNTY JUVENILE AND FAMILY COURT SERVICES TO CONTACT THE REFERENCES PROVIDED ABOVE, BY ME, REGARDING THIS APPLICATION.

DATE

APPLICANT SIGNATURE

Mail completed application to: Island County Juvenile Court Services, POB 5000, Coupeville WA 98239
For questions call: 360 679-7325

