

**JUVENILE COURT CENTER  
MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT**



**VOLUNTEER/INTERN PROGRAM APPLICATION**

*I am interested in serving as a volunteer/intern in one or more of the following areas:*

- Intern    Volunteer    Probation Officer    Community Justice Committee    CAB    Other

*(Please print)*

Last name	First	Middle	Gender
Maiden name, nickname or other changes in name			
Address	Street	City	Zip
Home phone		Work phone / pager	
Social Security		Date of birth	
AZ Driver's License No. and Exp Date		Currently valid Y or N	

If you are fluent in a language other than English, please specify. \_\_\_\_\_

Please list any experience you have had working with children. \_\_\_\_\_

Please list any special skills, training, interests or hobbies that may be useful in this position.

Please indicate the days of the week and times of availability \_\_\_\_\_

Hours:    Mon:    Tues:    Wed:    Thurs:    Fri:    Sat:    Sun

**EDUCATION:**

High school attend _____	Diploma/GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College(s) attended _____	Location(s) _____
Major(s) _____ Degree received _____	Date received _____
Business/Voc/Tech School _____	Course of study _____

If currently attending school, will you be receiving school credit for your volunteer/intern work?  Yes    No

School name	Address	Contact person/phone number
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**EMPLOYMENT:**

\_\_\_\_\_  
Current employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Phone

**PREVIOUS EMPLOYMENT:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
Phone

**REFERENCES:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

How did you learn of our Volunteer Program? \_\_\_\_\_

(Optional) Please send an application packet to: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip

In case of accident or illness, please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

THE JUVENILE COURT WILL MAKE REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES. TO MAKE A REQUEST FOR ACCOMMODATION, CALL OUR PERSONNEL OFFICE 602 506-4343.

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Arizona law (ARS 8-203.01 and 46-321) and Maricopa County Juvenile Probation Department policy require all staff and volunteers to be fingerprinted as a condition of employment or clearance to work in contact with juveniles and to certify they have never been convicted of or committed specific criminal offenses. Please read the following questions carefully and answer each question to the best of your knowledge.

1. Are you currently awaiting trial on or have you ever been convicted, admitted or accused of committing any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Respond by checking either YES or NO to each of the listed offenses.)

- Sexual abuse of a minor  YES  NO
  - Incest  YES  NO
  - 1st or 2nd degree murder  YES  NO
  - Kidnapping  YES  NO
  - Arson  YES  NO
  - Sexual assault  YES  NO
  - Sexual exploitation of a minor  YES  NO
  - Contributing to the delinquency of a minor  YES  NO
  - Commercial exploitation of a minor  YES  NO
  - Felony offenses involving distribution of alcohol, marijuana, dangerous or illicit drugs  YES  NO
  - Burglary  YES  NO
  - Robbery  YES  NO
  - Child abuse  YES  NO
  - Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument against a child 15 years of age or younger  YES  NO
  - Sexual conduct with a minor  YES  NO
  - Molestation of a child  YES  NO
- Any other crime(s) against a child or children  YES  NO

If you responded YES to any of the above, please provide specific information regarding your response:

\_\_\_\_\_

2. Have you ever used any other name(s)?  YES  NO  
If YES, please list: \_\_\_\_\_

3. Have you ever been arrested or convicted of a criminal offense? (Not minor traffic violations)  
If YES, please give details, (dates and dispositions). \_\_\_\_\_

\_\_\_\_\_

All of the information given by me in this application is true. False information (misrepresentation or omission of information is a basis for disqualification. I authorize the Maricopa County Juvenile Probation Department to do a records check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date\_

\_\_\_\_\_  
Notary