Juvenile Community Accountability Board (JCAB) Volunteer Application

DATE _____/_____/________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Full Middle</th>
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PERMANENT STREET ADDRESS

<table>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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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:**

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<tr>
<th>Day</th>
<th>Afternoon From:</th>
<th>Evening From:</th>
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<tbody>
<tr>
<td>Monday</td>
<td>[ ] To _______</td>
<td>[ ] To _______</td>
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<tr>
<td>Tuesday</td>
<td>[ ] To _______</td>
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<td>Wednesday</td>
<td>[ ] To _______</td>
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<td>Thursday</td>
<td>[ ] To _______</td>
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<td>Friday</td>
<td>[ ] To _______</td>
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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: ____________________