

CRYSTAL JUDSON FAMILY JUSTICE CENTER VOLUNTEER APPLICATION FORM

Please return completed application packet to:

Crystal Judson Family Justice Center, 718 Court E, Tacoma, WA 98402

or email to: familyjusctr@piercecountywa.gov

Your application will not be considered unless you have completed the entire application.

PLEASE PRINT IN INK

Please select all that apply:

Hospitality Volunteer

Protection Order Court Volunteer

Volunteer Chaplain

Admin Volunteer

Helpline Volunteer

Outreach Volunteer

NAME (Last, First, Middle, Suffix):

Preferred Pronouns: She/Her/Hers He/Him/His They/Them/Theirs Other: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:

Street Apt/Unit or PO Box

City State Zip Code

PHONE NUMBER: ()

E-MAIL ADDRESS:

BIRTHDATE:

MM/DD/YEAR

Some jobs have a legally required minimum age. Please provide your entire birth date to be considered for these type(s) of jobs.

Please list any relevant employment, educational or volunteer experience-including dates & locations.

Experience Details	Location	Dates

Questions: Briefly respond to the following questions in 250 words or less.

1.) Briefly describe your understanding of domestic violence.

2.) What are you hoping to offer the center as a volunteer?

3.) What are you hoping to get out of this experience as a volunteer?

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the internship for which you are applying to.

Name		Business/Occupation	
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Relationship	Phone:	E-mail:	
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Name		Business/Occupation	
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Relationship	Phone	E-mail	
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Name		Business/Occupation	
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Relationship	Phone	E-mail	
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Pre-Interview Information:

1. Are you able to volunteer a minimum of 16 hours per month? Yes No
2. Are you able to make at least a 1-year commitment to the FJC as a volunteer? Yes No

Day(s) able to volunteer:

Mon Tue Wed Thur Fri
 Weekend Outreach

Shift able to volunteer:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for an internship with the Crystal Judson Family Justice Center.

Signature

Date

FJC USE ONLY

Application Received:

Applicant contacted to set interview date/time:

Application Reviewed: Accepted Rejected Conditional Accept

Reason for reject/conditional accept:

Interviewed Background packet Background checked Assigned to Position

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