Office of Solicitor
Twelfth Judicial Circuit
Community Juvenile Arbitration Program

Volunteer Arbitrator Job Description

REQUIREMENTS:

♦ At least 21 years old
♦ High School Diploma
♦ Valid SC Driver’s License
♦ Complete the 21 hour training/certification program

RESPONSIBILITIES:

♦ Preside over arbitration hearings involving juvenile, parents/legal guardians, victims and/or officers in attendance.
♦ Establish a contract of appropriate sanctions to be completed by offender using feedback from all parties involved.
♦ Follow paperwork guidelines and complete and turn in all necessary paperwork in a neat and timely manner.
♦ Establish routine of “follow-up” to monitor offenders progress with contract.
♦ Maintain confidentiality in all program and case related information.
♦ Attend annual in-service training as provided and complete the mandatory 9 hours of training each year to maintain your certification.
♦ Uphold the purpose and policies of the Community Arbitration Program as stated in your manual, guidelines or any communications received from our office.
♦ Represent the Community Arbitration Program and the Office of Solicitor, Twelfth Judicial Circuit in a positive and professional manner throughout the community.
OFFICE OF SOLICITOR
Twelfth Judicial Circuit Community Arbitration Program
Florence and Marion Counties
Volunteer Application

Date __ __/ __ __ / __ __

Last Name__________________________ First Name____________________ Middle Initial ________

Address ________________________________________________________________

City ____________________________ State ______________ Zip Code ________________

Home Number (____ __) __ __ __-__ __ __ __ Work Number (____ __) __ __ __-__ __ __ __

Cell Number (____ __) __ __ __-__ __ __ __ E-Mail ________________________________

Birth Date __ __/ __ __ / __ __ Age ____ Sex ____ Race ____ SS# __ __ __-____ __

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<tr>
<th>EDUCATION</th>
<th>SCHOOL NAME</th>
<th># YEARS ATTENDED</th>
<th>DID YOU GRADUATE?</th>
<th>DEGREE &amp; MAJOR</th>
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<tr>
<td>HIGH SCHOOL</td>
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<td>TECH SCHOOL</td>
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<td>COLLEGE</td>
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<td>GRAD SCHOOL</td>
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Have you ever been arrested or convicted of a criminal offense? Yes ____ No ____ if yes, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been investigated, charged or convicted of child abuse, neglect or any other offense involving a child? Yes ____ No ____ if yes, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been dismissed from any organization as a volunteer? Yes ____ No ____ if yes, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
Do you have your own transportation? ____  Driver’s License # __ __ __ __ __ __ __ __ __ __ __ __ State __ __

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<tr>
<th>EMPLOYER NAME &amp; LOCATION</th>
<th>HOW LONG?</th>
<th>NATURE OF WORK</th>
<th>SUPERVISOR’S NAME &amp; PHONE #</th>
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Are you now or have you been a volunteer for other agencies or programs? If yes, tell where and the nature of the service performed. __________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please discuss any experience working with adolescents, offenders of any age, victim’s assistance, the legal system or any other field related to our program. __________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did you learn of this program? ________________________________

Please list any special skills that may be of benefit to this program. (Ex. Public relations, multi-media, secretarial skills…) __________________________________________________________

________________________________________________________________________

________________________________________________________________________

What days of the week and hours are you available for service? __________________________

________________________________________________________________________

Marital Status ______ If married list spouse’s name. ________________________________________

Children Names & Ages __________________________________________________________

________________________________________________________________________

In case of an emergency, whom should we contact? ________________________________

I want to volunteer with Community Juvenile Arbitration because __________________________

________________________________________________________________________
Please give three references (not related to you) that have known you for 3 years or longer.

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>OCCUPATION</th>
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I understand and agree that any misrepresentation or omission of material information by me in this application will be sufficient cause for cancellation of this application and/or separation from the program’s service, if I have been accepted.

Twelfth Judicial Circuit Community Juvenile Arbitration is an equal opportunity program. The program does not discriminate in volunteer selection and no question on this application is used for the purpose of limiting or excluding any applicant’s consideration for selection on a basis prohibited by local, state or federal law.

I understand that upon acceptance to this program and as a part of the application process, I am subject to a preliminary drug screen as well as random screening throughout my service with this program. I also understand, agree to and hereby authorize a criminal background investigation, which includes obtaining information from National Crime Information Computer (NCIC), a driving record history, and a search to be conducted of the Child Abuse and Neglect Central Registries on myself and release of all information gathered to be submitted to your organization.

Signature __________________________ Date __________________________

DO NOT WRITE BELOW THIS LINE.
OFFICE USE ONLY

Date Background Check Returned _ _ / _ _ / _ _ Pass _____ Fail _____

Date called for interview _ _ / _ _ / _ _ Accepted _____ Declined____

Interview Date _ _ / _ _ / _ _ Accepted _____ Declined _____

Start Date _ _ / _ _ / _ _ or Reason for Fail and/or Decline:

__________________________________________________________

Return to: Office of Solicitor
County Complex, Room 1101
180 N. Irby Street, MSC-Q
Florence, South Carolina 29501
Attention: Juvenile Arbitration Program Coordinator