

**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 (____) _____ - _____ Beeper Number (____) _____ - _____

Birth Date ___/___/___ Age ___ Sex ___ Race ___ SS# _____ - _____ - _____

EDUCATION	SCHOOL NAME LOCATION	# YEARS ATTENDED	DID YOU GRADUATE?	DEGREE & MAJOR
HIGH SCHOOL				
TECH SCHOOL				
COLLEGE				
GRAD SCHOOL				

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 _____

EMPLOYER NAME & LOCATION	HOW LONG?	NATURE OF WORK	SUPERVISOR'S NAME & PHONE #

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.

NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			

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, 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), to be conducted as part of the application process.

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 Decline:

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