



New Jersey Judiciary Volunteer Application

For Office Use Only

Date Received:

Program Assigned:

General Instructions: Please print clearly. Submit completed application, including original signature, to your local Superior Court office. For information about the programs available in each county (since not all programs are available in all counties) or to find courthouse contact/ mailing information, please go to: njcourts.gov.

Program Selection: Number the program(s) in order of your interest or preference (1 = first choice; 2 = second choice, etc.).

___ Child Placement Review Board	___ Courthouse Visitors Assistance	___ Guardianship Monitoring Program
___ Juvenile Conference Committee	___ Courthouse Services Assistance	___ Municipal Court Mediation
___ Special Civil Part Mediation	___ Other* (specify) _____	

* Only a limited number of programs (most popular) are listed above. See General Instructions for information about your local programs.

Personal Information

Name: Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Last	First	Middle Initial
Home Address: Street		City	State	Zip Code
County of Residence	Home Phone	Work / Business Phone	Cell Phone	
Primary E-mail Address			Are you OVER 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Person (Name)			Emergency Contact's Phone	
Have you ever been convicted of a crime (including Disorderly Persons) which has not been expunged by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details of each conviction and disposition below. A conviction will not necessarily preclude you from consideration unless such conviction(s) relates adversely to the volunteer position sought.		

Education / Skills

Check Highest Level of School Completed <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Advanced Degree			
Degree Earned	Major Area Studied	Are you still in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details.
In addition to English, do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language(s) and Your Proficiency Level <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write	
Relevant Special Skills / Activities / Certificates			

Employment

Present Employer			Number of Years Employed?
Business Address: Street		City	State Zip Code
Job Title	Major Duties	Business Phone	
If worked for less than one year, complete Previous Employer section below.			
Previous Employer	Previous Job Title	Employer Phone	Number of Years Employed?

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Availability / Referral	Are you willing to make a commitment for one year or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Hours Available						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
How did you learn about court volunteer opportunities? Please check all source(s) below and further specify as much as possible.							
<input type="checkbox"/> NJ Court Web Site <input type="checkbox"/> Other Web Site <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Newspaper Ad or Article <input type="checkbox"/> Radio / TV Ad <input type="checkbox"/> Family, Friend or Coworker <input type="checkbox"/> Community Organization <input type="checkbox"/> Courthouse <input type="checkbox"/> Job/Career Fair <input type="checkbox"/> Other (please specify) _____							

Affiliations	Are you associated with the justice system or with anyone involved in the program to which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)
	Are you currently a member of any professional, community, political, or social organization or group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give group name, position held, etc. (Use additional paper if necessary.)
	Do you hold an elected political position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give title
	Do you hold an appointed political position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give title
	Have you ever had a salaried position working with juveniles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)
	Any past volunteer work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)

References	Name: Last	First	Relationship (friend, coworker, etc.)	Daytime Phone
	Home Address: Street		City	State Zip Code
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	Home Address: Street		City	State Zip Code

Statements	I, the undersigned, hereby: <ul style="list-style-type: none"> understand that as a condition of appointment to a Judiciary volunteer position, if selected, I will be fingerprinted and a request for a criminal history record will be filed with the State Police; authorize court personnel to conduct such investigation into my background as is necessary, with the understanding that all the information requested will be held in confidence and used only to determine my suitability for placement in a Judiciary volunteer program; understand that I must complete all training required to maintain a judiciary volunteer appointment, if accepted; acknowledge that, to the best of my ability, all the information given on this form is true. 	
	Applicant Signature (or if under age 18, signature of a parent or guardian)	Date