



Ventura County Family Justice Center

VOLUNTEER APPLICATION

Please type or print in black or blue ink. The following personal information is confidential.		
Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip Code:
Occupation:	Driver's License #:	Are you currently in school? Yes No
Email Address:	Day Phone #:	Best way to contact you? Phone Email
Emergency Contact (Name & Phone #):		
Which volunteer positions are you interested in? <input type="checkbox"/> Administrative and General Office Support <input type="checkbox"/> Navigation Assistant <input type="checkbox"/> Victim Advocate <input type="checkbox"/> Camp HOPE Counselor & Pathways Volunteers <input type="checkbox"/> Grounds & Facilities <input type="checkbox"/> Special Projects & Events <input type="checkbox"/> Chaplaincy (<i>separate application process</i>)		
Describe why you want to volunteer at the Family Justice Center.		
Describe any training or experiences (both personal and professional) applicable to your desire to volunteer in the Family Justice Center.		

Please check additional skills or interests you have that would benefit the Family Justice Center.

- Arts & crafts
- Child development
- Direct client services – in person
- Direct client services – telephone
- Event planning
- Filing/organizing
- Grant writing
- Interpreting services
- Literature development & editing
- Desktop computer support
- Network administration
- Photography

- Public speaking
- Training
- Research
- Social media
- Website development
- Landscape maintenance & gardening
- Facility maintenance
- Other (please describe)
- Other (please describe)
- Other (please describe)

Please check the computer applications you are proficient in.

- Word
- Excel
- PowerPoint
- Publisher
- Visio
- Access
- Illustrator
- AdobePro
- Other (please describe)
- Other (please describe)
- Other (please describe)

Please list the language skills you have and your level of proficiency (speak, read, write, etc.).

Language: _____ Level of proficiency: Speak Read Write

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Language: _____ Level of proficiency: Speak Read Write

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

Reference: Name	Business/Occupation	Relationship
Address	City, State, Zip Code	Phone
Reference: Name	Business/Occupation	Relationship
Address	City, State, Zip Code	Phone
Reference: Name	Business/Occupation	Relationship
Address	City, State, Zip Code	Phone

Are you able to volunteer a minimum of 8 hours per week? Yes No

Are you able to make a one-year commitment to the FJC as a volunteer? Yes No

Have you ever volunteered or worked for the Ventura County District Attorney's Office? Yes No

If yes, when and in what capacity? _____

Has a family member volunteered or worked for the Ventura County District Attorney's Office? Yes No

If yes, when and in what capacity? _____

PLEASE NOTE: If you successfully pass the interview process, the Ventura County District Attorney's Bureau of Investigation will conduct a background investigation that is required for all volunteers.

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, false or untrue information, or any attempt at fraud or deceit in any manner connected with this process may result in my disqualification for a volunteer position with the Ventura County Family Justice Center.

Signature:	Date:
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