Albany County Probation Department's

Juvenile Community Accountability Board (JCAB)
Volunteer Application

DATE_____/_____/_____

_____

Last Name First Name Full Middle

_____

PERMANENT STREET ADDRESS CITY STATE ZIP CODE

_____ _____

Email Address Other Names Used, *i.e.,* Alias/Maiden/Married

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of Birth _____/_____/_____

How did you find out about the Juvenile Community Accountability Board?

_____

_____

Why do you want to volunteer?

_____

_____

_____

Please describe any prior volunteer experience:

_____

_____

_____

_____

Board meetings are generally held weekdays in the evening. Please check the possible times you are available to volunteer:

Time Available	**Afternoon**	**Evening**	**State any further explanation of the availability or restrictions:**
Monday	[ ]	[ ]	
Tuesday	[ ]	[ ]	
Wednesday	[ ]	[ ]	
Thursday	[ ]	[ ]	
Friday	[ ]	[ ]	

Employment status: ____ Full-time ____Part-time ____Unemployed ____Student

Employers Name: _____
Address: _____

If you are a student, please list school attending and major: _____
_____

Have you ever been convicted of a crime? Yes____ No ____ If yes, please list explain beginning with the most recent.

_____
_____

Do you have any criminal cases currently pending, charges, and/or any Court fines criminal or traffic outstanding? Yes____ No____

Are you or any member(s) of your immediate family or household members currently involved with the Albany County Probation Department or New York State Parole? Yes_____ No _____
If yes please explain: _____
_____
_____

Please provide any additional information you would like us to have in order to assist us in considering your application.

_____
_____
_____
_____
_____

BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.

The purpose of this application is to determine qualification for the volunteer position as a Juvenile Community Accountability Board member. All answers must be true, accurate, and complete. I understand that untruthful, misleading or omission of answers and/or statements are cause for rejection of my application or dismissal from the program. By signing below, I hereby certify that the above information is true to the best of my knowledge. I further authorize the Albany County Probation Department to conduct a background check for the purposes of being considered as a volunteer for the Juvenile Community Accountability Board.

Volunteer Signature: _____ Date: _____