

# CRYSTAL JUDSON FAMILY JUSTICE CENTER VOLUNTEER APPLICATION FORM

Please return completed application packet to:

Crystal Judson Family Justice Center, 718 Court E, Tacoma, WA 98402

PLEASE PRINT IN INK

<b>NAME:</b>			
_____	_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>

**THE FOLLOWING INFORMATION IS CONFIDENTIAL**

<b>SOCIAL SECURITY NUMBER:</b>
<b>MAILING ADDRESS:</b>
Street Apt/Unit or PO Box
City State Zip Code
<b>PHONE NUMBER:</b> (    ) <b>CELL PHONE NUMBER:</b> (    )
<b>E-MAIL ADDRESS:</b>
<b>GENDER:</b> Male    Female
<b>BIRTH DATE:</b> Some jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs. Month:    Day:    Year:
<b>WASHINGTON DRIVER'S LICENSE :</b>

<b>EDUCATION HISTORY:</b> This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.				
High School Graduate:    Yes    No			GED:    Yes    No	
<b>UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)</b>				
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours

**BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING**

Name	Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received Yes No	Date
Name	Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received Yes No	Date

**EMPLOYMENT HISTORY:** List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties

EMPLOYER/Kind of Business	Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)			From: Mo Yr
Supervisor Name:	Title:	Phone:	To: Mo Yr
Duties			
			Number of Employees Supervised: :

EMPLOYER/Kind of Business	Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)			From: Mo Yr
Supervisor Name:	Title:	Phone:	To: Mo Yr
Duties			Number Professional Employees Supervised

**REFERENCES:** List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

**Pre-Interview Information:**

1. Have you used illegal drugs in the last three (3) years? Y N
2. Have you been arrested for any crime in the last 10 years? Y N
3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Y N
4. Are you unable to volunteer a minimum of 16 hours per month? Y N
5. Are you unable to make a one (1) year commitment to the FJC as a Volunteer? Y N
6. If you answered (Y) yes to any of the above please explain?

**Day(s) able to volunteer:**

**Shift able to volunteer:**

Mon

Tue

Wed

Thur

Fri

8:30 AM -12:30 PM

12:30 PM - 4:30 PM

**CERTIFICATION:** I certify that I possess the experience, education and/or licenses required for the position for which I am applying. I also 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, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a position with the Crystal Judson Family Justice Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FJC USE ONLY**

**Application Received:**

**Application Entered:**

**Application Reviewed:    Accepted    Rejected    Conditional Accept**

**Reason for reject/conditional accept:**

**Interviewed    Background packet    Background checked    Assigned to Position**

**Day(s) able to volunteer:**

**Shift able to volunteer:**

**Mon**

**Tue**

**Wed**

**Thur**

**Fri**

**8:30 AM -12:30 PM**

**12:30 PM - 4:30 PM**

# Criminal History Disclosure Form

The Crystal Judson Family Justice Center (FJC) requires that every applicant complete this form, whether for positions in a compensated capacity, or volunteers who will or may have regularly scheduled, unsupervised contact with children under the age of 16. Section 3, RCW 43.43.834 and 1990 c 3 s 1103 requires said individuals to disclose the following. Have you ever been convicted of:

	Yes	No		Yes	No
Any crime against children or other persons	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>
First/second/third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect (RCW26.44.020)	<input type="checkbox"/>	<input type="checkbox"/>
First/second/third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree custodial interference	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment	<input type="checkbox"/>	<input type="checkbox"/>
First degree arson	<input type="checkbox"/>	<input type="checkbox"/>	First/second/third degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>
First degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree sexual misconduct	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	with child		
First/second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>
Incest	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	Selling/distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>
First degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>
Communication with a minor for immoral purposes	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order	<input type="checkbox"/>	<input type="checkbox"/>
Felony indecent exposure	<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>
			Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
			Criminal abandonment	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been:

	Yes	No
Convicted of crimes related to drugs as defined in RCW 43.43.830	<input type="checkbox"/>	<input type="checkbox"/>
Found by any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor	<input type="checkbox"/>	<input type="checkbox"/>
Found by court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor	<input type="checkbox"/>	<input type="checkbox"/>
Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult	<input type="checkbox"/>	<input type="checkbox"/>
Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult	<input type="checkbox"/>	<input type="checkbox"/>

I, (print name) \_\_\_\_\_, attest to the truth of this statement, and understand that it is sworn under penalty of perjury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Conviction Criminal History Record

Instructions: The job applicant (compensated or volunteer) must complete this form prior to employment and annually thereafter. Request for conviction criminal history from the Washington State Patrol is a condition of employment. See policy 1.1.1, Criminal History Background Checks. The applicant completes the form. The responsible supervisor visually inspects photo identification to verify the name and birth date of the applicant, and attaches a photocopy of the identification to this form. The form is submitted to the Director for processing.

**PLEASE INCLUDE COPY OF PHOTO IDENTIFICATION WITH VOLUNTEER APPLICATION PACKET**

## Applicant Information

Name:

\_\_\_\_\_

Last First Middle

Alias or maiden name:

\_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race /  
ethnicity: \_\_\_\_\_  
Month/day/year

Social Security Number: \_\_\_\_\_ Driver's License  
Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

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FJC STAFF TO COMPLETE BELOW THIS LINE

Requested By

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Processed through Washington State Patrol By

Name:

\_\_\_\_\_

Last First Middle

Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_  
Month/day/year

Notes