

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

Your application will not be considered unless you have completed the entire application and provided an up to date resume and cover letter.

PLEASE PRINT IN INK

NAME: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Last First Middle Suffix </div>

THE FOLLOWING INFORMATION IS CONFIDENTIAL

SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:	
Street Apt/Unit or PO Box	
City State Zip Code	
PHONE NUMBER: ()	CELL PHONE NUMBER: ()
E-MAIL ADDRESS:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender, FtM spectrum <input type="checkbox"/> Transgender, MtF spectrum	
BIRTH DATE: 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:	
WASHINGTON DRIVER'S LICENSE :	

EDUCATION:				
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No			GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)				
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

Name		Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> 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. Please be as complete and specific as possible.

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
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Questions: Briefly respond to the following question in 250 words or less.

1.) Briefly describe your understanding of domestic violence.

2.) Briefly describe your preferred supervision style.

3.) Briefly explain your long-term education and/or employment goals.

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

Name	Business/Occupation	Relationship

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

Pre-Interview Information:

1. Are you unable to intern a minimum of 16 hours per month? Yes No
2. Are you unable to make a 1-year commitment to the FJC as a volunteer? Yes No

Day(s) able to volunteer:

Mon Tue Wed Thur Fri

Shift able to volunteer:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM

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, 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 an internship with the Tacoma/Pierce County Family Justice Center.

Signature

Date

FJC USE ONLY	
Application Received:	Application Entered:
Application Reviewed: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	

Reason for reject/conditional accept:

Interviewed Background packet Background checked Assigned to Position

Day(s) able to volunteer:

Mon Tue Wed Thur Fri

Shift able to volunteer:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM