

**COURT SERVICES AND PROBATION SUPPORT VOLUNTEER PROGRAM
COLLEGE OF LAKE COUNTY & 19TH JUDICIAL CIRCUIT COURT
VOLUNTEER APPLICATION**

The Court Services and Probation Support Volunteer Program is an important feature of the 19th Judicial Circuit Court. Volunteers provide support to the Division of Adult Probation Services, Division of Juvenile Probation and Detention Services, and to the 19th Judicial Circuit Court.

The information on this application will help determine your suitability for this kind of volunteer work and will assist in matching volunteers to the appropriate tasks and opportunities. We want volunteers to have a rewarding experience. At the same time, we want to provide the most effective service to the community and to the people we serve.

We urge volunteers to be honest and open when completing this application. There are no right or wrong answers to some of these questions, but your thoughtful opinion is important to us.

Due to the sensitive nature of our volunteer work, we are required to conduct routine criminal background checks. Such inquiries will only be made with your knowledge and written permission. Any information obtained through these inquiries will remain strictly confidential. Be sure to sign and date in all of the appropriate areas. Contact the Volunteer Coordinator with any concerns or questions you may have.

Please return this application to the Volunteer Coordinator, Cristian Gonzalez.

Email: cgonzalez35@clcillinois.edu **Mail:** 111 N. Genesee St., Waukegan, IL 60085

Visit our website for more information on volunteer opportunities.

<https://www.clcillinois.edu/judicialvolunteer>



College of Lake County - Volunteer Application

Name: _____

Street Address: _____

City/State/Zip code: _____

Home Telephone: _____ Cell: _____

Work Telephone: _____

Email Address: _____

Education (Highest-grade completed): _____

Name of High School or College? _____

Major Field of Study: _____ Date of Graduation: _____

Occupation: _____ Work Schedule: _____

Employer: _____ Address: _____

Supervisor's Name: _____ Phone #: _____

What volunteer opportunity (areas of interests) are you applying for?

Do you speak any languages other than English? (Circle Answer) **Y** **N**

If yes, what are they?

List any special training, skills, hobbies, or interests (i.e. – computer skills, coaching).

Have you ever been treated for any physical or emotional conditions, which could have an impact upon your ability to do this type of volunteer work? If so, please describe.

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Have you ever been arrested as a **juvenile or adult** for anything other than minor traffic violations? If so, please describe by including date, city & state, charge & sentence.

Do you have any outstanding tickets or pending charges for criminal & traffic charges? If so, please explain.

Do you have any previous experience, paid or voluntary, in working with people and/or the community? (Circle Answer) **Y** **N**
If yes, please describe.

Your strengths as a volunteer are:

Some things you may need assistance with in doing the job:

Why do you think people get in trouble?

How should people on probation be treated?

Do you know anyone on probation? (Circle Answer) **Y** **N**

Your main reasons for volunteering are:

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Due the amount of training invested in our program, we require a **minimum** 6-month commitment. Are you able to commit to this? (Circle Answer) **Y N**

If not, please give a reason:

How did you learn about our program?

How much time do you anticipate volunteering each week/month? **Please be specific.**

What would be the best days and hours for you? **Please be specific.**

REFERENCES

Please list three professional references that are not related to you.

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

**COURT SERVICES AND PROBATION SUPPORT PROGRAM
VOLUNTEER CODE OF ETHICS**

As a volunteer of the Court Services and Probation Support Program, I commit to conduct myself in accord with this code and subscribe to the following statements:

- ❖ I will endeavor to be honest and sincere with staff, community members, fellow volunteers, and the individuals we serve.
- ❖ I will respect the individuality of each person with whom I come in contact and conduct my responsibilities with diligence.
- ❖ I will endeavor to continue to upgrade my personal development through education and training offered by the program.
- ❖ I will continue to work and cooperate with my fellow professionals and their prospective agencies to improve the quality of services offered to the individuals we serve.
- ❖ I will not make value judgments, which may be prejudicial to individuals, and will focus on what is objective and pertinent to this case.
- ❖ I understand that as a volunteer, I will be representing the Court system. I will conduct myself in a manner as to not diminish the integrity of the Courts.
- ❖ I will hold my volunteer responsibilities in the highest esteem and perform to my best abilities.
- ❖ I will not accept gratuities or gifts of any kind from clients/probationers.
- ❖ I understand that the Court Services and Probation Support Volunteer Program has a zero tolerance rule. I accept this rule and understand that I am not to consume any drugs or alcohol before or during my volunteer duties. Failure to adhere to this rule will cause my immediate discharge from the program.
- ❖ I will stay within the boundaries of my volunteer responsibilities and direct individuals to appropriate resources when necessary and proper.

SIGNATURE: _____ DATE: _____

**COURT SERVICES AND PROBATION SUPPORT PROGRAM
VOLUNTEER MEDICAL STATEMENT**

*****Reminder – All information on this form is strictly confidential.*****

Name: _____

Date of birth: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone Number: _____

Is there any other information about your health that we should know about, in the event of an emergency?

_____NO

_____YES - Please, explain.

SIGNATURE: _____ DATE: _____

**COURT SERVICES AND PROBATION SUPPORT PROGRAM
VOLUNTEER BACKGROUND CHECK**

*****Reminder – All information on this form is strictly confidential.*****

The College of Lake County and the 19th Judicial Circuit has my consent to conduct a criminal record check as a requirement of the Court Services and Probation Support Volunteer Program.

Name: _____

Maiden name (if applicable): _____

Date of birth: _____

Race: _____ Gender: _____

Social Security Number: _____

SIGNATURE: _____ DATE: _____

Office Use Only:

Date _____

Approved _____ Yes _____ No _____

Comments:

**COURT SERVICES AND PROBATION SUPPORT PROGRAM
VOLUNTEER AGREEMENT FORM**

Volunteers are a unique part of the Court Services and Probation Support Volunteer Program. We heavily rely on our volunteers for help with various tasks and procedures. Our volunteers are often in charge of tasks that require a significant amount of responsibility. Therefore, it is important for volunteers to conduct themselves in a professional and respectful manner.

Please read the Volunteer Agreement Form to its entirety. Once you have read and accepted the rules and regulations of our program, please sign and date at the bottom of the page.

- ❖ I will conduct myself in a professional manner in both demeanor and appearance.
- ❖ I will be respectful of all persons involved in the Court Services and Probation Support Volunteer Program. This includes the individuals we serve, fellow volunteers, staff and administration.
- ❖ I will inform my supervisor of my availability and changes in my schedule as soon as possible.
- ❖ I will respect personal boundaries of all persons involved in the program.
- ❖ I will bring any inappropriate comments or behavior from clients or fellow volunteers directly to the attention of my supervisor or Volunteer Coordinator.
- ❖ I will refer delicate issues, difficult questions, or disclosures of police contact to my supervisor or Volunteer Coordinator.
- ❖ I will inform my supervisor or Volunteer Coordinator if the odor of alcohol is detected on someone.
- ❖ I will not accept any type of gratuities or gifts of any kind.
- ❖ I will observe the rules of confidentiality and understand that any violation of confidentiality will result in my immediate termination from the Court Services and Probation Support Volunteer Program.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____

Revised: 10/22