

**ELEVENTH JUDICIAL CIRCUIT  
COMMUNITY JUVENILE ARBITRATION PROGRAM**

**VOLUNTEER APPLICATION FORM  
PLEASE COMPLETE THE FRONT AND BACK SIDE OF THIS FORM**

Name \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Social Security Number

Address \_\_\_\_\_  
  Street, P. O Box or Route Number

\_\_\_\_\_                                      City                                      County                                      State                                      Zip Code

Telephone \_\_\_\_\_      Date of Birth \_\_\_\_\_      Driver's License # \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name \_\_\_\_\_      Telephone \_\_\_\_\_

Names of other Volunteer Organizations to which you belong \_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed from any organization as a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged or convicted of any type of crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been investigated, charged or convicted of child abuse, neglect or any other  
offense involving a child? \_\_\_\_\_ Yes \_\_\_\_\_ No   If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

References (List the NAME AND ADDRESS of the three individuals who are not related  
and have known you for five years or longer.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Education \_\_\_\_\_

I certify that the above information is correct. I also understand that a records check through  
the State Law Enforcement Division and Highway Department will be conducted on my  
application.

\_\_\_\_\_                                      Date                                      Signed

Please return to: Kathryn Barton, Program Director  
205 East Main Street, Room 211  
Lexington, South Carolina 29072  
(803) 785-8355

## QUESTIONNAIRE

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
\_\_\_\_\_
4. Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_
5. What do you expect to receive or do by volunteering with the Eleventh Judicial Circuit Juvenile Arbitration Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How did you hear about the program or who referred you to it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If you have ever been involved with juveniles in a volunteer, civic, religious, or governmental capacity, please state the capacity you served in and what you did.  
\_\_\_\_\_  
\_\_\_\_\_
8. Please check educational level completed. Grammer School \_\_\_\_\_  
High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate \_\_\_\_\_  
Other \_\_\_\_\_ Explanation \_\_\_\_\_  
\_\_\_\_\_
9. Any Children? \_\_\_\_\_ Ages \_\_\_\_\_
10. Have you ever known or worked with children who have been involved in the juvenile justice system? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_