

CLAY COUNTY FAMILY COURT

TRANSITIONS VOLUNTEER APPLICATION

(Print application and mail to: Transitions 351 E. Kansas, Liberty, MO 64068)

Name: _____
(last) (first) (middle) (maiden)

Address: _____

If less than 3 years previous address _____

Home phone: _____ Work phone: _____

Pager or Cell phone: _____ May we contact you at work? _____

Employment (Present and/or last position)

Employer: _____

Address: _____
(city) (state) (zip)

Phone: _____ Dates Employed: from _____ to _____

Position held: _____ Supervisor: _____

Briefly list your job responsibilities: _____

Volunteer Experiences

Organization: _____

Address: _____

Phone Number: _____ Supervisor: _____

Briefly describe a rewarding experience you had during the time that you volunteered for this organization: _____

Organization: _____

Address: _____
(city) (state) (zip)

Phone Number: _____ Supervisor: _____

Briefly describe a rewarding experience you had during the time that you volunteered for this organization: _____

Special Skills

Describe the skills, talents, and/or special training you possess that you believe would be an asset to the Transitions Program: _____

Brief Questions About Yourself

Can you make a commitment to this Program for at least one year? _____

If no, please explain: _____

Do you have the following?

Your own transportation: _____ Liability Insurance: _____

Valid Driver's License: _____

What is your highest level of education? _____

What are some your Hobbies/Interests? _____

How did you hear about the Clay County Transitions Program? _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes No

Personal References

Please list two (2) professional and/or personal (not including relatives) references with complete address and phone number. (REFERENCES WILL REMAIN CONFIDENTAL)

1 - Name: _____

Address: _____

Phone Number: _____ Relationship: _____

2 - Name: _____

Address: _____

Phone Number: _____ Relationship: _____

I assert that the information contained herein is, to the best of my knowledge, true and correct. I understand falsification herein will render my application void.

Signature of Applicant

Date

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TRANSITIONS VOLUNTEER PROGRAM

Permission to Contact References
and
Complete Background Investigation

I hereby give permission to the Clay County TRANSITIONS PROGRAM to inquire about my qualifications and/or character by:

- Contacting Personal References named in Volunteer Application
- Contacting present and/or past employers
- Contacting present and/or past organizations for which I have performed volunteer services
- Completing a background check with the Missouri Child Abuse/Neglect Hotline Central Registry

Further, I understand that the Clay County Transitions Program will complete a background investigation on me through the Clay County Sheriff's Department or other appropriate and necessary law enforcement agency.

INFORMATION NEEDED FOR CRIMINAL RECORD INVESTIGATION

Last name: _____

First name: _____

Middle Name: _____

Race: _____ Gender: _____

Date of Birth: _____ Social Security #: _____

State of Birth: _____ Driver's License #: _____

Aliases or other names used: _____

Signature of Applicant

Date