



Do you have a valid driver's license? [ ] Yes [ ] No

License Number \_\_\_\_\_

Do you have access to a car on a regular basis? [ ] Yes [ ] No

Have you received any traffic violations with the past three years? [ ] Yes [ ] No If you checked "Yes", please list violations(s): \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

(Please begin with High School)

School	Location	Dates Attended	Major Course of Study	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MILITARY SERVICE:**

Were you in the U.S. armed forces? [ ] Yes [ ] No If you checked "Yes", please list dates of service:

From \_\_\_\_\_ To \_\_\_\_\_ Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Please list previous volunteer positions that you have held. Include date, and direct supervisor's name.

\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:**

List your current and last employment experience.

Dates	Employer's Name and Address	Supervisor's Name	Reason for Leaving
_____	_____	_____	_____

Telephone No. \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact the Supervisor listed above? [ ] Yes [ ] No If "No", please explain \_\_\_\_\_

Dates	Employer's Name and Address	Supervisor's Name	Reason for Leaving
_____	_____	_____	_____

Telephone No. \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact the Supervisor listed above? [ ] Yes [ ] No If "No", please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES:**

Please identify hobbies and activities that interest you:

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How did you learn about Volunteer opportunities at Kent County Juvenile Detention Center?

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Why are you interested in providing volunteer service at Kent County Juvenile Detention Center. Please describe how your personal philosophy relates to your interest.

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**PERSONAL REFERENCES:**

Give the names, addresses and telephone numbers of two persons/friends who have known you for the past three years and can speak toward your character. Give the name of one professional (supervisor, pastor, and professor). Please do not give names of relatives.

Name	Relationship to you	Address	Telephone No.
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**APPLICANT CERTIFICATION AND AGREEMENT:**

Carefully read the following statement and sign as specified below.

I have completed this application, and hereby declare the information provided is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application will be considered cause for my dismissal. I further authorize Kent County Juvenile Detention Center to obtain references concerning my character, personal qualities, and past job performance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*FOR OFFICE USE ONLY*

Placed \_\_\_\_\_ Program \_\_\_\_\_ Role \_\_\_\_\_ Date \_\_\_\_\_  
Explanation \_\_\_\_\_

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