



Denise Smith
Director

JUVENILE COURT SERVICES

Pinal County Superior Court

971 North Jason Lopez Circle · Building D, Suite 500 · Post Office Box 1009 · Florence, Arizona 85132
Telephone: (520) 866-7065 · FAX: (520) 866-7090

VOLUNTEER APPLICATION

Please return to:

Pinal County Juvenile Court Volunteer Program

Donna McBride -Program Administrator

P.O. Box 1009

Florence, Arizona 85132

Phone: 520-866-4405

Fax: 520-866-7090

DISCLAIMER

Volunteer opportunities are not available to any person who has charges pending against them or has been convicted of a felony or convicted of a misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose a risk to children under the jurisdiction of the court and the department.

Volunteers must be over the age of 21, except in the case of internships through an accredited college or higher learning institution where prior administrator approval has taken place.

EMPLOYMENT HISTORY: (List most recent job first)

Employers Name: _____ Phone: _____
Employers Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Type of Business: _____
Employed from: _____ to: _____ Supervisors Name: _____
Brief description of duties: _____

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Employed from: _____ to: _____ Supervisors Name: _____
Brief description of duties: _____

What type of volunteer experience have you had that before? (Please list agency and type of work) _____

Do you have special skills that would be an asset to your volunteer experience with us? _____

What do you think you can personally gain from this type of volunteer work? _____

How do you feel you could be effective as a volunteer? _____

Please circle your answer:

Do you agree to be fingerprinted:	YES	NO
Do you agree to a record check with law enforcement?	YES	NO
Do you agree to a general reference check?	YES	NO
Do you agree to attend the Volunteer Orientation Class	YES	NO

CHARACTER REFERENCE:

Please list non-related persons

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

How do you know this person: _____

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

How do you know this person: _____

Name: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

How do you know this person: _____

Arizona law (ARS 8-203.01 and 46-321) require all staff and volunteers to be fingerprinted as a condition of employment or clearance to work in contact with juveniles and to certify they have never been convicted of or committed specific criminal offenses. Please read the following questions carefully and answer each question to the best of your knowledge.

Are you currently awaiting trial on or have you ever been convicted, admitted or accused of committing any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Respond by circled either YES or NO to each of the listed offenses.)

Sexual abuse or a minor	YES	NO
Incest	YES	NO
1 st or 2 nd degree murder	YES	NO
Kidnapping	YES	NO
Arson	YES	NO
Sexual assault	YES	NO
Sexual exploitation of a minor	YES	NO
Contributing to the delinquency of a minor	YES	NO
Commercial exploitation of a minor	YES	NO
Felony offenses involving distribution of alcohol, marijuana, dangerous or illicit drugs	YES	NO
Burglary	YES	NO
Robbery	YES	NO
Aggravated assault resulting in serious physical injury or committed by use of a deadly Or dangerous instrument against a child 15 years of age or younger	YES	NO
Child abuse	YES	NO
Sexual conduct of a minor	YES	NO
Molestation of a child	YES	NO
Any other crime(s) against a child or children	YES	NO

If you responded YES to any of the above, please provide specific information regarding your response: _____

Have you ever been arrested or convicted of a criminal offense? (Not minor traffic violations) YES NO If yes, please give details (dates and dispositions): _____

My signature on this document affirms that I have answered the questions to the best of my knowledge and understand the requirements necessary to volunteer for Pinal County Juvenile Court.

Signature

Date

PINAL COUNTY POLICY STATEMENT DRUG-FREE WORKPLACE

Pursuant to the Federal Drug-Free Workplace Act, Pinal County prohibits the unlawful manufacture, use, possession or distribution of controlled substances by its *volunteers* in the workplace. A *volunteer* is "in the workplace" when he/she is on County property, at the usual work location or on County business.

A. Evidence of being under the influence of controlled substances or on-duty unlawful manufacture, use, possession or distribution of controlled substances by *volunteers* will result in disciplinary action up to and including discharge.

B. Any *volunteer* convicted of a violation of a criminal drug statute, where that violation occurs in the workplace, must notify the County Human Resources Department in writing within five (5) days of such conviction.

C. All *volunteers* will certify that they have received a copy of this Drug-Free Workplace Policy and copies of this certification will be placed in individual files.

Volunteer Name (print): _____ I certify that I have received copies of the Pinal County Drug-Free Workplace Policy statement and the Drug and Alcohol Policy. I understand that I must notify the County within five (5) days of any conviction for violation of a criminal drug statute where that violation takes place in the workplace.

Volunteer Signature

Date

Department Signature

Date

PINAL COUNTY VOLUNTEER/INTERN SERVICE AGREEMENT

I, _____, do hereby volunteer my services as a VOLUNTEER within in the PINAL COUNTY JUVENILE COURT SERVICES department of the Pinal County government. I understand that, as a volunteer, I am no entitled to any form of compensation including, but not limited to, cash, health care insurance, retirement, Social Security, Employee Assistance Program access or life insurance. I agree to abide by the rules and policies of the Pinal County government and the department of JUVENILE COURT. I understand that I, or my Appointing Authority, may discontinue my participation in this program at any time during the period of service. I understand that, as a volunteer I am not entitled to any of the rights and privileges as described in the Pinal County Uniform Merit System Rules. Furthermore, I understand that participation as a volunteer does not entitle nor guarantee me future employment with Pinal County.

Volunteer Signature

Date

Department Signature

Date