

**INTERN / VOLUNTEER APPLICATION**

(Type or Print)

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL \_\_\_\_\_

**\*\*\*\*\* EMPLOYMENT HISTORY \*\*\*\*\***

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

MAY WE CONTACT? \_\_\_\_\_

LENGTH OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIBE DUTIES OF POSITION \_\_\_\_\_

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

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

MAY WE CONTACT? \_\_\_\_\_

LENGTH OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIBE DUTIES OF POSITION \_\_\_\_\_

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**\*\*\*\*\* PREVIOUS VOLUNTEER EXPERIENCES \*\*\*\*\***

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**\*\*\*\*\* CHARACTER REFERENCES \*\*\*\*\***

PROVIDE NAME, ADDRESS, & PHONE NUMBER FOR 3 LOCAL REFERENCES. EXCLUDE RELATIVES & INDICATE RELATIONSHIP OF REFERENCES TO YOU.

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\*\*\*\*\* EDUCATION \*\*\*\*\*

HIGHEST GRADE COMPLETED: \_\_\_\_\_

IF PRESENTLY ENROLLED, INDICATE YEAR IN SCHOOL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

MAJOR: \_\_\_\_\_

DEGREE(S) RECEIVED: \_\_\_\_\_

SPECIALIZED LICENSES/CERTIFICATIONS: \_\_\_\_\_

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\*\*\*\*\* OTHER \*\*\*\*\*

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ IF YES, PROVIDE DETAILS: \_\_\_\_\_

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LIST YOUR EXPERIENCE IN COUNSELING OR RELATED AREAS:

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LIST TRAINING OR SPECIAL SKILLS THAT YOU BRING TO THIS PROGRAM:

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DESCRIBE YOUR INTEREST IN WORKING WITH YOUTH:

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WHICH PROGRAM AREA(S) ARE YOU INTERESTED IN VOLUNTEERING:

\_\_\_\_\_ PROBATION

\_\_\_\_\_ COMMUNITY SERVICE/WORK CREW

\_\_\_\_\_ CLERICAL

\_\_\_\_\_ COMMISSION ON CHILDREN AND FAMILIES

\_\_\_\_\_ MENTAL HEALTH/COUNSELING

\_\_\_\_\_ OTHER: \_\_\_\_\_

PLEASE PROVIDE A SHORT DESCRIPTION OF THE TYPE OF VOLUNTEER SERVICES YOU ARE INTERESTED IN PROVIDING (EXAMPLES: INTERNSHIP FOR COLLEGE CREDIT, GAINING WORK EXPERINCE, SHORT TERM SPECIAL ART PROJECT, ETC...) AND/OR THE TYPE(S) OF EXPERIENCES YOU ARE LOOKING FOR IN A VOLUNTEER OPPORTUNITY

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WHAT DAYS AND HOURS WILL YOU BE AVAILABLE

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PROJECTED START DATE \_\_\_\_\_

**\*\*\*\*\* PRACTICUM STUDENTS ONLY \*\*\*\*\***

COLLEGE/UNIVERSITY \_\_\_\_\_

DEPARTMENT OF STUDY \_\_\_\_\_

PROFESSOR/ADVISOR \_\_\_\_\_

PROFESSOR/ADVISOR PHONE \_\_\_\_\_

YEAR IN SCHOOL \_\_\_\_\_

CREDIT HOURS TO BE RECEIVED \_\_\_\_\_

NUMBER OF HOURS WORKED EACH WEEK \_\_\_\_\_

PROJECTED SEMESTER/QUARTER FOR PRACTICUM \_\_\_\_\_

I HEREBY CERTIFY THERE ARE NO MISREPRESENTATIONS OR FALSIFICATIONS IN THE ABOVE STATEMENTS AND THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS APPLICATION, I UNDERSTAND THAT I AM GIVING A FULL RELEASE TO BENTON COUNTY TO INVESTIGATE THE MATERIAL CONTAINED IN THIS APPLICATION OR OTHERWISE PERTINENT TO THIS APPLICATION.

_____ NAME	_____ DOB	_____ ODL#
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_____ SIGNATURE	_____ DATE
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EMERGENCY CONTACT: \_\_\_\_\_

Return to:  
  
Benton County Juvenile Department  
4077 SW Research Way  
Corvallis, Oregon 97333

WITHIN THE LIMITS PERMITTED BY STATE AND FEDERAL LAW, THE INFORMATION IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

BENTON COUNTY JUVENILE DEPARTMENT

VOLUNTEER AGREEMENT AND BACKGROUND CHECK

Arrangements have been made for the undersigned to serve as a volunteer with the Benton County Juvenile Department. Because of the nature of services provided to juveniles and their families, the undersigned understands and agrees to abide by Departmental policy and Oregon Revised Statutes regarding confidentiality, discrimination and the right to privacy for all clients and their families. The undersigned also understands that the Juvenile Department, acting in its capacity as a part of the Circuit Court, will perform a records check using the information provided below.

NOW, THEREFORE, it is agreed that:

1. Benton County, and the Juvenile Department as a part thereof, provides services to all Benton County residents. No person shall be discriminated against due to race, color, national origin, creed, handicap, sex, age or marital status.
2. Benton County, and the Juvenile Department as a part thereof, respects the right of all clients and their families to confidentiality, as defined by the Oregon Revised Statutes.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_

DRIVER'S LICENSE NUMBER AND STATE OF ISSUE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**VOLUNTEER TIMESHEET**

NAME OF VOLUNTEER SUBMITTING REPORT: \_\_\_\_\_

FOR THE MONTH AND YEAR OF: \_\_\_\_\_

DEPARTMENT SUBMITTING REPORT

JUVENILE DEPARTMENT

<u>DATES WORKED</u>	<u>TIMES WORKED</u>	<u>TOTAL HOURS</u>
	<u>Total Hours Worked This Month:</u>	