



**Fulton County Juvenile Court
CITIZEN REVIEW PANEL VOLUNTEER APPLICATION**

This application will be processed through the Fulton County Juvenile Court.

The Fulton County Juvenile Court is committed to the care, safety, and guidance of children, to respectful and just treatment of all involved; to the personal development, rehabilitation, and accountability of children and their families, to public safety and restoration of victims and communities.

Name _____

Home Address _____

City _____ County _____ Zip _____

Mailing Address (if different) _____

Telephone Home _____ Other _____

Email _____

Emergency Contact _____

Emergency Contact Number _____

EMPLOYMENT INFORMATION

Employer _____ Length of Employment _____

Work Address _____

City _____ County _____ Zip _____

May we contact you at work? Yes _____ No _____

Telephone Number _____

EDUCATIONAL BACKGROUND

High School _____ Level Completed _____

College _____ Level Completed _____

Technical School _____ Level Completed _____

Other Training _____ Level Completed _____

CITIZEN REVIEW PANEL VOLUNTEER INFORMATION

How did you hear about the Fulton County Juvenile Court/Citizen Review Panel Volunteer Program?

Why do you wish to volunteer with the Fulton County Juvenile Court/Citizen Review Panel?

Please describe any other volunteer or community service activities that you are involved with.

Are there any special needs we should know of to help you carry out your volunteer position?

What do you expect from this program?

What skills do you have that will help determine placement? (Example: word, excel etc.)

CRIMINAL BACKGROUND INFORMATION

All questions in this section must be answered fully.

1. Have you ever been convicted of a criminal offense? Yes _____ No _____
2. Have you ever been convicted of a crime involving child neglect, abuse, or
endangerment? Yes _____ No _____
3. Have you ever been convicted of a crime involving the use or sale of illegal
drugs? Yes _____ No _____
4. Do you presently hold a valid Georgia Driver's license? Yes _____ No _____
5. Has your driver's license ever been suspended or revoked? Yes _____ No _____
6. Do you have any pending offenses? Yes _____ No _____

If you answered "Yes" to any of the above questions, please provide additional details.

RELEASE OF INFORMATION

I hereby authorize **Fulton County Juvenile Court** and any law enforcement agency to receive my criminal history record information pertaining to me which may be in files of any federal, state, or local criminal justice agency in Georgia and to investigate my background to determine my fitness as a potential volunteer. This information may be requested and be received on a continual basis during the period of time that I am an active volunteer for the Fulton County Juvenile Court.

(The following information must be completed and legible).

Full Name _____
(Please include middle/maiden name)

Home Address _____

Sex _____ **Date of Birth** _____ **Social Security #** _____

In order to fulfill background information requirements, please circle one:

American Indian/Alaskan Native Asian or Pacific Islander Black White

Signature _____ **Date** _____

Agency _____