



Jasper County Juvenile Center

29th Circuit Court Juvenile Division

530 South Pearl

Joplin, MO 64801

Juvenile Office 417-625-4300 / Fax 625-4377

Detention Office 417-623-6676

Volunteer Application

Date: _____

Section I: Personal Information

First Name

Full Middle Name

Last Name

Street Address

City

State

Zip

Email Address

Phone Number

Social Security Number

Birth Date

Current Driver's License Number

State

Race/Ethnicity

Gender

Section II: Background & Education:

College/University: _____

Specific Studies: _____

Employer: _____ Occupation: _____

How many hours a week would you like to volunteer? _____

What days and times of the week will you be available to volunteer?

Do you have any previous experience volunteering or working with youth? Please specify.

Section III: Personal References

Please provide two personal references (other than family members):

1. Name: _____ Relationship: _____

Address: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Section IV: Signature

I certify, to the best of my knowledge, that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, is grounds for dismissal. I understand that a criminal history and child abuse/neglect check will be done prior to my approval as a volunteer.

Printed Name

Signature

Date

