



FRANKLIN COUNTY  
COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
AND JUVENILE BRANCH  
399 South Front Street  
Columbus, Ohio 43215

*JUDGES*

*DANA S PREISSE  
JIM MASON  
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Franklin County  
Juvenile Detention Facility

Fax (614) 462-4838

VOLUNTEER / INTERN APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (if email is a reliable way to reach you): \_\_\_\_\_

1. Are you a student: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

If you are a student, briefly describe your program:

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2. Why do you want to volunteer with this program?

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3. List your most recent volunteer experience(s):

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_  
Duties: \_\_\_\_\_

**4. List your most recent work experience(s):**

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_  
Duties: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_  
Duties: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Dates: \_\_\_\_\_  
Duties: \_\_\_\_\_

**5. List type(s) of Certificates/Licenses/Degree/ and name of administering agency:**

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**6. Provide information about your availability:**

Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

**7. List names, addresses and phone numbers of three (3) non-relative references who have known you for over one (1) year:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of time known: \_\_\_\_\_

8. We occasionally have participants who speak other languages.

Do you speak any other languages? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, language(s): \_\_\_\_\_

9. Do you have reliable transportation: Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. Have you ever been convicted of any crime in this state or another jurisdiction?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

11. Do you presently have any criminal charges pending?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

12. How did you learn about this program? \_\_\_\_\_

**FOR PRESENTERS only:**

13. Approximately how often do you plan to present your program?

Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Other: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

All information, including names of juveniles, situations, offenses, and related personal data is confidential and protected by Ohio law. I understand and agree to keep all of this information confidential.

I agree to follow the rules and regulations of the department for which I volunteer.

I understand that to protect clients, a routine check of my name through law enforcement, license bureaus, agency files, and references will be made. I understand that a criminal offense will not automatically exclude me from volunteer services. I understand that information on this application will be held confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date