

COMMUNITY JUVENILE ARBITRATION PROGRAM
VOLUNTEER ARBITRATOR APPLICATION FORM

Name _____
Last First Middle *Social Security Number
*(for records check purposes only)

Address _____
Street, P. O. Box or Route Number

City County State Zip

*Sex _____ *Race _____ *Date of Birth _____ *(for records check purposes only)

Telephone _____ Email Address _____

Have you ever been arrested or convicted of a criminal offense? ____ Yes ____ No

Have you ever been investigated, charged or convicted of child abuse, neglect or any other offense involving a child? ____ Yes ____ No If yes, please explain: _____

Occupation: _____

Name and Address of Employer _____

Supervisor's Name _____ Telephone _____

Names of other Volunteer Organizations to which you belong _____

Have you ever been dismissed from any organization as a volunteer? ____ Yes ____ No

If yes, please explain: _____

What do you expect to receive or do by volunteering as an Arbitrator? _____

How did you hear about our program? _____

Any children? _____ Ages _____

Highest educational level completed: __ Grammar School __ High School __ College __ Post Grad __ Other

References – List the name and address of three individuals who are not related and have known you for five years or longer (please include complete mailing address):

1. _____

2. _____

3. _____

I certify that the above information is correct. I also understand that a records check through the State Law Enforcement Division and the State Department of Social Services will be conducted on my application.

_____ Date

_____ Signed

Please return to:
Kayla Hatchell, Program Director
101 Meeting Street, Suite 330
Charleston, South Carolina 29401
843-958-5150 / 843-958-5160 (fax)