

Volunteer Application

Date Received _____

Date Interview _____

Date Orientation _____

Completed _____

WSDJSC

Western South Dakota Juvenile Services Center
3505 So. Hwy. 79
Rapid City, South Dakota 57701
(605)394.2639 Fax (605)394.5136

Name: _____ / _____
 Last First Middle Maiden

Date of Birth _____ Social Security Number _____ / _____ / _____

Home Address: _____
 Number Street City State Zip

Current Occupation: _____ Employer: _____

Home Phone: _____ Work Phone _____ ext. _____

In the event of an emergency while you are volunteering, who should we contact on your behalf?

Name _____

Phone # _____ Relationship _____

Do you have a valid Driver's License? Yes No Issuing State _____

Have you ever been convicted of a crime? Yes No If yes, please explain.

Do you have friends or relatives employed at WSDJSC? _____ Names: _____

What days & hours would you like to work? _____

_____ How many hours per week? _____

Would you have difficulty working in a secured area? (behind locked doors.) YES NO

Would you have difficulty working with juveniles in a secured area? YES NO

List the activities and positions (paid & volunteer) which have been the most significant to you. Please list at least four.

Activity/Position	Liked Best about it	Liked Least about it

Favorite Activities you like to spend time doing: _____

What do you hope to receive from your Volunteer experience? _____

Is there anything else you would like us to know about you? _____

INTEREST AND HOBBY CHECKLIST Place one check mark by items you are able to do; place two checks by the items you can do well; place a star by the items you thoroughly enjoy doing.

Working with Numbers		Recordkeeping	
Research and Analysis		Solving Problems	
Craft Making		Recreational Participation	
Typing		Making Decisions	
Meeting New People		Entertaining	
Taking Responsibility		Presiding at Meetings & Events	
Reading and Writing		Selling	
Leading Discussion Groups		Teaching	
Writing & Editing		Speaking to Groups	
General Office Assistance			

Please sign below to acknowledge that the information you provided here is accurate as to the best of your knowledge. Your signature here also authorizes the Pennington County Sheriff's Office and Western South Dakota Juvenile Services Center to conduct a background and/or Driver's Record investigation and criminal history check.

Signature

Date

WSDJSC

Western South Dakota Juvenile Services Center
3505 S. Highway 79
Rapid City SD 57701
(605) 394-2639 (605) 394-5136 (FAX)

Employee _____

Intern _____

Volunteer _____

Criminal Record _____

Driving Record _____

Records Check Request

Your signature here authorizes the Pennington County Sheriff's Office to conduct a background investigation, criminal history search and driving record search.

Signature: _____ Date: _____

Name: _____ Date of Birth: _____
(Print Full Name)

Social Security Number: _____

(Do Not Write Below This Line)

Comments:

Approved Background/Criminal: YES NO

Approved Driving Record: YES NO

Checked by: _____

Signature: _____ Date: _____

WESTERN SOUTH DAKOTA JUVENILE SERVICES CENTER

NOTICE

In accordance with

- South Dakota Codified Law 26-7A-27
 - South Dakota Codified Law 26-7A-28
- and
- Western South Dakota Juvenile Services Center Policy 6.30, confidentiality of a juvenile's status shall be maintained.

By completing this form and entering this facility, you agree to comply with SD law and will not disclose any information regarding the identity and/or activity of any youth within the Western South Dakota Juvenile Services Center.

Name (please print): _____

Title (please print): _____

Purpose of entering the facility (please print): _____

Signature: _____ Date: _____