



JUST of DuPage Volunteer Application

*Please be as thorough and honest as possible in your responses.
Incomplete applications cannot be accepted.*

Name _____ Date _____
Last First

Email _____ Home Phone _____ Cell _____

Street Address _____

City _____ Zip Code _____ Date of Birth ____/____/____

Church/Place of Worship (if applicable) _____

Workplace _____ Position _____

Languages Spoken _____

How did you find out about JUST? _____

In what capacity are you hoping to volunteer in the Jail? If you are looking to help with a particular group, please indicate which day and time the group meets. Otherwise, please circle or check any that apply.

Al-Anon

Alcoholics Anonymous

Anger Management

Catholic Bible Study

Catholic Worship/Communion

Cocaine Anonymous

Computer Skills

Counseling

Domestic Violence Support

(specify: for offender or victim)

English as a Second Language

Islamic Worship

Job Readiness

Narcotics Anonymous

Parenting

Protestant Bible Study

Protestant Worship

Spanish Bible Study

Spanish Worship

Other: _____

What credentials or qualifications do you have which relate directly to the class/group you hope to volunteer with? (Please include any degrees, special training, or experiences which relate directly to the type of volunteer service you hope to provide.)

What do you think your strongest gifts/abilities are as a person? _____

What do you think your biggest weaknesses are as a person? _____

If you are hoping to serve in a religious capacity (Bible study leader, volunteer chaplain, etc.), please give the name and contact information of your spiritual leader:

Name _____ Title _____

Church/Organization _____

Email _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Have you served as a volunteer with JUST in the past? Yes No

➤ If yes, what was the reason for discontinuing your service?

How frequently are you hoping to come to the Jail to volunteer?

Please note: Priority will be given to those available to serve at least twice a month.

____more than once a week ____every other week

____once a week ____once a month

Which do you prefer?

____Daytime ____Weekdays

____Evenings ____Weekends

What prompted your interest in serving as a volunteer in the DuPage County Jail?

Have you ever worked or volunteered in a corrections facility in the past? Yes No

➤ If so, please describe:

Have you or has anyone you know been incarcerated in the past? Yes No

➤ If so, please explain:

Have you read any books or seen any films that motivate you in your desire to serve with JUST in the DuPage County Jail? If so, which ones? _____

What do you think are some of the characteristics of inmates? _____

What do you think some of the main needs of incarcerated people are? _____

If JUST is unable to use your services in the jail at this time, would you be interested in supporting JUST's mission in another way? Yes No

➤ If so, please indicate any ways you would be willing to help:

Mailings Special Events Connect my workplace/church with JUST's mission

Office work Other Ideas: _____

➤ If not, would you be interested in finding out about other organizations that might be able to use the type of help you would like to provide? Yes No

Personal References

Please include contact information for three people (non-relatives and preferably not employers) who could speak to your ability to serve as a volunteer in this capacity. Those who have known you for at least 5 years are preferable.

Name _____ Relation _____

How long have you known this person? _____

Email _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Name _____ Relation _____

How long have you known this person? _____

Email _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Name _____ Relation _____

How long have you known this person? _____

Email _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

JUST of DuPage Mission Statement

JUST of DuPage shares God's love and supports the spiritual journeys of inmates of the DuPage County Jail by providing

- chaplaincy
- educational programs
- addiction recovery
- increased employability
- social services

in order that inmates may make positive changes in their lives.

About Our Approach

As an organization, we at JUST of DuPage attempt to be holistic in our approach to rehabilitation. We affirm the spiritual, mental, emotional, physical, and social needs of people and seek to address each aspect of the human person.

If you become a JUST volunteer, you will be expected to support and encourage inmates in their participation in other JUST programs besides your own. Together, we form a supportive team to surround the inmates with services which assist them in making positive life changes.

Unity Agreement

I understand that as a volunteer with JUST of DuPage, I will be expected to lead inmates toward spiritual discovery, regardless of whether the inmate and I share precisely the same theology, scriptures, or worldview. I will encourage the men and women in my group to pursue knowledge of God, and I will assist them in this endeavor without pressuring them to understand God in my way or through my faith community. I understand that denigrating another's religious beliefs or proselytizing in any form is grounds for immediate dismissal from my volunteer service with JUST of DuPage.

Signed _____

Date _____

For Office Use Only

Application received: Date _____ Initial _____

Application acknowledged: Date _____ Initial _____

Entered into spreadsheet: Date _____ Initial _____

Orientation attended: Date _____ Initial _____

Personal Background

*Again, please be sure to respond as thoroughly and honestly as possible.
Incomplete applications cannot be accepted.*

Name

List ALL names you have ever used, including nicknames. If applicable, furnish maiden name. If you have used any surnames other than your true name, during what period and under what circumstances were these names used?

Last Name	First Name	Middle Name	Dates Used

If you have ever legally changed your name, give date, place, and court.

Name that was changed	Date	City, State	Court

Birth Record

Birthdate: Month _____ Day _____ Year _____

Place of Birth: Hospital _____

City _____ State _____

Birth Certificate # _____

Marital Status

___ Single ___ Divorced ___ Widowed

___ Married ___ Separated ___ Cohabiting

Number of children _____

Citizenship

Please check one of the following:

I am a United States citizen by birth.

I am a United States citizen by naturalization.

If so, please complete the following: Naturalization # _____

Court _____ City _____ State _____

I am a United States citizen by derivative.

If so, explain through whom your citizenship was obtained, *using a separate sheet*.

I am not a United States citizen.

Social Security Number _____ - _____ - _____

Residences

Please chronologically list ALL residences in the past ten years, including addresses while attending school away from home and all military addresses.

From Month/Yr.	To Month/Yr.	Street Address	City	State	Country

Education

Level	Name	Location	From Month/Year	To Month/Year	Course of study, Degree/Diploma
High School					
College 1					
College 2					
College 3					
Education beyond undergraduate level					
Miscellaneous					

Were you ever dismissed from a school, or was any disciplinary action taken against you during your academic career? Yes No

➤ If yes, please list name of school: _____ Date _____

Circumstances: _____

Action taken: _____

Employment

Please complete the following employment history, including your three most recent employers.

For the purpose of the background check, do we have your permission to contact your current/most recent employer? Yes No

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Employed from _____ to _____

Types of duties performed _____

Immediate Supervisor _____

Reason for Leaving _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Employed from _____ to _____

Types of duties performed _____

Immediate Supervisor _____

Reason for Leaving _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Employed from _____ to _____

Types of duties performed _____

Immediate Supervisor _____

Reason for Leaving _____

Court Record

Have you ever been arrested for any violation including traffic, but excluding parking tickets? Yes No

If you answered yes, then list all such matters even if you were not formally charged, no court appearance was necessary, you were found not guilty, or the matter was settled by payment of fine or forfeiture of collateral. Use an additional sheet of paper if more room is needed, and attach it at the end of the application.

Date	City/State and Police Department	Charge	Disposition	Details

Are you pending any legal action as a defendant? Yes No

➤ If yes, please explain: _____

Do you have any relatives or close friends currently incarcerated at the DuPage County Jail? Yes No

➤ If yes, please provide the following information:

Last Name	First Name	Relationship	Charge	Dates in Custody

Physical Data

Do you have any form of disability? Yes No

➤ If yes, please explain: _____

Are you currently being treated by a physician for any physical problems? Yes No

➤ If yes, please explain: _____

Do you consume alcohol? Yes No

➤ If yes, please explain: _____

Do you currently use or have you ever used narcotics, marijuana, barbiturates, sleeping pills, or any other form of “pep” or depressant drugs? Yes No

➤ If yes, please explain *in detail*: _____

Do you suffer from any chronic nervous condition or history of mental illness? Yes No

➤ If yes, please explain *in detail*: _____

I hereby certify that all information contained in this application is correct. I give my permission for all references and employers specified in this application to be contacted. I give my permission for any law enforcement agency files pertaining to me to be examined. I realize that any false information contained herein is grounds for this application to be rejected and/or my privilege to serve as a volunteer worker to be subsequently terminated. I further understand and give my permission to have my photograph and fingerprints taken for the purpose of identification.

In consideration of the opportunity to act with the DuPage County Sheriff's Office as a volunteer, and other good and valuable considerations, and in recognition of any dangers to which I may subject myself as such volunteer, I do hereby, for myself, my heirs, executors and assigns, forever remise and release the County of DuPage, the Sheriff of DuPage County and all his agents, servants, chaplain, and employees and the DuPage County Sheriff's Office from any and all claims and actions, causes of actions, demands, judgments and executions of any and every indemnity, defend and hold harmless the County of DuPage, the Sheriff of DuPage County, and all his agents, servants, chaplain, and employees against all claims of action in connection therewith.

I have read and understand all the terms of this application and release. I execute it voluntarily and with full knowledge of its content and significance.

Signed _____

Date _____

Signature of Staff Coordinator _____

Date _____

Thank you for your interest in serving with JUST in the DuPage County Jail! Please send this form *along with your release for a background check* to:

JUST of DuPage
P.O. Box 1253
Wheaton, IL 60187

FAX: 630-407-2403

Email: sarahbuki@justofdupage.org