



JUST of DuPage

PO Box 1253, Wheaton, IL 60187-1253

Office@JustofDupage.org

630-407-2201

Dear Prospective Volunteer,

Thank you for expressing an interest in volunteering with JUST of DuPage, the organization which provides religious, educational, and social services for inmates in the DuPage County Jail. We are here to empower men and women to make positive life changes, and we appreciate your desire to join us!

Please complete the enclosed application and return it to us as soon as possible. Be sure to include the middle initial of your name, and please use a black pen when filling out your application. Also, please be sure to have someone sign as your witness on the last page of the application. Due to the volume of applications we receive, we will not be able to consider incomplete applications.

You will notice that we have included along with your application three reference forms. Please give these to the three people you list as personal references as soon as possible, and ask them to send the forms directly to JUST. Once we receive your application and at least two reference forms, we will be able to proceed with your application.

We want you to know up front that the process for becoming a JUST volunteer tends to be a bit lengthy, and for this we apologize. Because each new volunteer has to be thoroughly screened and approved by two different entities, JUST of DuPage and the DuPage County Jail, it takes more time than in other organizations to begin serving.

We will be in touch with you about the status of your application once we receive at least two reference forms. If you are approved to continue through the process toward becoming a JUST volunteer, we will give you further details about being fingerprinted and eventually attending a JUST orientation at a later date.

Thanks again for your interest in working with the inmates at the DuPage County Jail!

Sincerely,

Annie Rose
Executive Director

enclosures



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 mail this form along with your release for a background check to:

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

JOHN E. ZARUBA
SHERIFF

501 N. County Farm Road
Wheaton, Illinois 60187
(630) 407-2000
FAX (630) 407-2013
www.co.dupage.il.us/sheriff



Civil Division	(630) 407-2060
Corrections	(630) 407-2255
Crime Laboratory	(630) 407-2100
Detective Division	(630) 407-2323
Radio Room	(630) 407-2400
Records Division	(630) 407-2270
Warrants Division	(630) 407-2290

OFFICE OF THE SHERIFF
COUNTY OF DUPAGE

**APPROVAL FOR BACKGROUND INVESTIGATION,
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK**

As an employee for a company under contract with DuPage County, I realize that a background investigation, criminal history, and driver's license check will be done before I can work in the DuPage County Jail. I hereby authorize the DuPage County Sheriff's Office to search any law enforcement database to conduct it.

List ALL names you have ever used:

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Name: _____
(PRINT) LAST, FIRST MIDDLE

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Soc. Sec. # ____-____-____

Drivers License Number: _____

Sex: _____ Race: _____

Vendor: _____

Signature: _____

Date: _____

Witness: _____



JUST of DuPage Volunteer Reference

You are being contacted because _____ is applying to serve as a volunteer with JUST of DuPage inside the DuPage County Jail, and you are someone who can comment on his/her ability to serve successfully in this setting. Please be as thorough and honest as possible in your responses. We ask that you return this form as soon as possible to the email or mailing address listed below.

Thank you.

Your Name

Date

Name of Volunteer Applicant

How long have you known this person?

In what capacity did you get to know this person?

Do you consider this person a good listener? Please comment.

Is this person good at working with people with very different opinions from their own? Please comment.

Is this person able to be flexible and agreeable when the unexpected happens? Please comment.

Do you have any concerns about this person serving inside a correctional facility? If so, what are they?

Overall, do you think this person would be a good fit for serving inmates in the DuPage County Jail?

Thank you for your honest input. Please return this form either by mail or email to:

sarahbuki@justofdupage.org or

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