

# JUVENILE DIVERSION PROGRAMS

## *Thirteenth Judicial Circuit*

700 Twiggs Street, RM 810

Tampa, FL 33602

Phone: (813) 272-6766

Fax: (813) 301-3715

**ADULT VOLUNTEER APPLICATION**

**DATE:**

PERSONAL DATA			
Name:		Address:	
Home:	Work:	Fax:	
Cell:	Pager:	E-mail:	
Social Security #:	DOB:	Gender:	Language spoken:
Place of Birth:		How long at current address:	
List previous addresses in the last five (5) years:			
Marital Status:    Married    Single    Divorced    Widowed			
If married, please give spouse's name and occupation below:			
Name:		Occupation:	
Child(ren) Name	D.O.B.	Gender	Living in Home

### EMPLOYMENT HISTORY

Name of present or last employer/volunteer project:		Address:		
Job Title:	Dates:	Supervisor:		
Brief description of work:				
Name of previous employer or volunteer project:		Address:		
Job Title:	Dates:	Supervisor:		
Brief description of work:				
Are you currently;    employed            retired            between jobs            other				

### EDUCATION AND INTERESTS

Are you presently enrolled in school?            Yes            No				
If so, name of school and course of study:				
SCHOOLS	NAME	MAJOR/COURSE OF STUDY	HIGHEST LEVEL COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				YES    NO
COLLEGE				YES    NO
GRADUATE				YES    NO
Hobbies/Special Interests:				
List other current community activities and membership in clubs, churches, <b>previous volunteer experiences</b> , and/or other organizations.				