



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 that would be useful in serving in the jail?  
\_\_\_\_\_  
\_\_\_\_\_

What do you think your biggest weaknesses are that would come into play in serving in the jail?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience with teaching or facilitating groups?                      Yes      No

Please elaborate: \_\_\_\_\_  
\_\_\_\_\_

How comfortable are you with interacting with people who have very different beliefs from your own?  
\_\_\_\_\_  
\_\_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations regarding being a volunteer in a jail setting?

---

---

Do you serve as a volunteer in other organizations? If so, which? \_\_\_\_\_

---

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:

---

---

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: \_\_\_\_\_

## Personal References

Please include contact information for the three people (non-relatives and preferably not employers) to whom you are sending a Reference Form. Those who have known you for at least 5 years are preferable. *If you are hoping to serve in a religious capacity (Bible study leader, volunteer chaplain, etc.), one of your references must be your spiritual leader.*

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## JUST of DuPage Mission Statement

JUST of DuPage shares God's love and provides a range of services to the inmates in the DuPage County Jail in order to empower them to 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.

## 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