

JOHN E. ZARUBA
SHERIFF



501 N. COUNTY FARM ROAD
WHEATON, ILLINOIS 60187
ADMINISTRATION #6301 682 7269
CIVIL DIVISION #6301 682 7250

OFFICE OF THE SHERIFF
COUNTY OF DUPAGE

JUST OF DUPAGE
VOLUNTEER APPLICATION
DUPAGE COUNTY SHERIFF'S OFFICE

Date: _____

Please PRINT or TYPE all information using BLACK INK. If additional space is needed to answer any of these questions, please use an additional sheet of paper and attach it to the end of application.

Name: _____
Last First Middle

Address: _____
Street Apt#

City State ZIP

Telephone: (_____) _____ (_____) _____
Home Work

POSITION INTERESTED IN: CIRCLE NUMBER(S)

- | | |
|----------------------------|------------------------|
| 1. A.A. | 7. PROTESTANT WORSHIP |
| 2. N.A. | 8. SPANISH BIBLE STUDY |
| 3. A.A./N.A. (combination) | 9. SPANISH WORSHIP |
| 4. BIBLE STUDY | 10. OTHER: (DESCRIBE) |
| 5. CATHOLIC WORSHIP | _____ |
| 6. ISLAM WORSHIP | _____ |

For Religious Volunteers:

Name of Church: _____

City: _____ State: _____ Telephone: (_____) _____

Special Skills: _____

Do you have prior experience in Jail/Prison Ministry? [] YES [] NO

How did you hear of JUST of DuPage? _____

Which of the following do you prefer? (circle)

- 1. Evenings
- 2. Weekdays
- 3. Weekends
- d. Work Alone
- e. Work with another volunteer

I. PERSONAL HISTORY

A. NAME

List ALL other names you have used including nicknames; if female, 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	MIDDLE	DATES USED

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

NAME THAT WAS CHANGED	DATE	CITY, STATE	COURT

B. BIRTH RECORD

BIRTH DATE: Month _____ Date _____ Year _____

PLACE OF BIRTH: Hospital _____ Certificate # _____

City _____ State _____

C. MARITAL STATUS

SINGLE MARRIED SEPARATED

DIVORCED WIDOWED

NUMBER OF CHILDREN _____

D. CITIZENSHIP

Please check one of the following:

- You are NOT a United States Citizen.
- You are a United States Citizen by BIRTH.
- You are a United States Citizen by NATURALIZATION.
If so, please complete the following: Naturalization # _____
Court: _____ City: _____ State: _____
- You are a United States Citizen by DERIVATIVE.
If so, explain through whom your citizenship was obtained (Use a separate sheet)

SOCIAL SECURITY NUMBER _____

2. RESIDENCES

Chronologically list ALL residences in the past ten years. If you have been out of high school for MORE THAN TEN YEARS, you MUST list ALL residences since high school. Include all addresses while attending school if away from home and all military addresses including any located off the military base.

From Month/Yr	To Month/Yr	Apt. no.	Street Address	City	State

3. EDUCATION

A. HISTORY

School	Name	Location	From Month/Yr	To Month/Yr	Course study, Degree/ diploma
HIGH SCHOOL					
COLLEGE					
COLLEGE (if attended more than one college)					
COLLEGE (if attended more than two colleges)					
Education beyond Undergraduate level					
Miscellaneous					

Were you ever dismissed from a school or was any disciplinary action taken against you during your scholastic career? YES NO

If YES, list name of School: _____ Date: _____

Circumstances: _____

Action taken: _____

4. EMPLOYMENT HISTORY

Complete your employment history beginning with your current or most recent employer and work back. Only the last three (3), if applicable, are required.

For the purpose of the background investigation, do we have your permission to contact your current employer? YES NO

A. NAME OF EMPLOYER: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Dates of Employment: from _____ to _____

Immediate Supervisor: _____ Telephone Number: _____

Type of duties performed: _____

Reason for Leaving: _____

B. NAME OF EMPLOYER: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Dates of Employment: from _____ to _____

Immediate Supervisor: _____ Telephone Number: _____

Type of duties performed: _____

Reason for Leaving: _____

C. NAME OF EMPLOYER: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Dates of Employment: from _____ to _____

Immediate Supervisor: _____ Telephone Number: _____

Type of duties performed: _____

Reason for Leaving: _____

5. PERSONEL REFERENCES

Give THREE (3) references (not including relatives, former or present employers) who you have known well for at least five (5) years, preferably those who have known you during the past five years. If retired, provide their former occupation.

A. Complete Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business telephone: (_____) _____

Years Acquainted: _____ Occupation: _____

B. Complete Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business telephone: (_____) _____

Years Acquainted: _____ Occupation: _____

C. Complete Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business telephone: (_____) _____

Years Acquainted: _____ Occupation: _____

6. COURT RECORD

- A. Have you ever been convicted of ANY violation including traffic, but excluding parking tickets?**
 YES NO

If you answered YES, then list all such matters even if not formally charged, no court appearance was necessary, found not guilty, or 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

- B. Are you pending any legal action as a defendant?** YES NO

If YES, explain: _____

- C. Do you have any relatives or close friends currently incarcerated at the DuPage County Jail?**
 YES NO

If you answered YES, provide the following information:

Last Name	First Name	Relationship	Charge	Dates in Custody

7. PHYSICAL DATA

A. Do you have any form of handicap? [] YES [] NO

If YES, explain: _____

B. Are you currently being treated by a physician? [] YES [] NO

If YES, explain: _____

C. Do you consume alcohol? [] YES [] NO

If YES, explain: _____

D. Do you use or have you ever used narcotics, marijuana, barbiturates, sleeping pills, or any other form of "pep" or depressant drugs? [] YES [] NO

If YES, explain in detail: _____

E. Do you suffer from any chronic nervous condition or history of mental illness?
[] YES [] NO

If YES, explain in detail: _____

J.U.S.T. of DuPage Mission Statement

As the "Church in the Jail," J.U.S.T. of DuPage shares God's love and supports the spiritual journeys of men and women who are incarcerated in the DuPage County Jail by providing chaplaincy, education, and counseling, thereby encouraging individuals to make positive changes in their lives.

Unity Agreement

I understand that as a volunteer with J.U.S.T. of DuPage, I will be expected to lead inmates to 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 church. I understand that denigrating another's religious beliefs or proselytizing in any form is grounds for immediate dismissal from my volunteer service with J.U.S.T. of DuPage.

Signature of Volunteer

Date

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.

Signature of Volunteer

Date

Signature of Staff Coordinator

Date

Please mail completed application to :

J.U.S.T. of DuPage
P.O. Box 1253
Wheaton, IL 60187