

For Office Use Only		
Received:	Date _____	Initial _____
Acknowledged:	Date _____	Initial _____
Entered:	Date _____	Initial _____
Orientation:	Date _____	Initial _____



JUST of DuPage Volunteer Application

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.

***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 ____/____/____

In case of an Emergency please notify: _____ Phone _____

Church/Place of Worship (if applicable) _____

Languages Spoken _____

How did you find out about JUST? _____

Why do you want to volunteer with JUST? _____

In what capacity are you requesting to volunteer in the jail? Please refer to the list of current volunteer job openings on our website and indicate which one you are applying for.

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?

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

➤ If so, please describe:

Do you have a friend or relative currently incarcerated in DuPage County?

Yes No

➤ If so, please explain:

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: _____

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					

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 _____

Personal References

Please be sure to print out the three personal reference forms and have your references fill them out and send them directly back to JUST.

Resume

Please remember to submit your resume in addition to this application. Be sure to explain any gaps in employment.

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 to:

JUST of DuPage

P.O. Box 1253

Wheaton, IL 60187

OR scan, and send to our email:

just@dupagesheriff.org