NEIGHBORHOOD COURT Santa Cruz County District Attorney's Office

VOLUNTEER APPLICATION

Tell us about yourself! *Please write clearly and fill out the entire application. Thank you!*

| Date of Application | |
|--|---|
| Full Name | |
| Home Address | |
| City | Zip Code |
| Home/Alt Phone | Cell Phone |
| Email Address | |
| Best way to contact you? 🛛 Home/Alt Phone | Cell Phone Email |
| Date of Birth | |
| Place of employment/School attended (if retired o | or unemployed, please list previous employment) |
| Position of Title/Year | |
| What are your interests and hobbies? | |
| Current and /or previous community involvement | ? |
| Do you speak any foreign languages? Please list: _ | |
| How did you become interested in Neighborhood | Courts? |
| Why would you like to participate in Neighborhoo | d Courts? |
| What qualities do you have that would make you include special skills or strengths you believe are a | a good Neighborhood Courts panelist? (You may applicable) |
| | |
| | |
| What do you hope to gain or learn by being a Neig | shborhood Courts panelist? |
| | |
| | |

NEIGHBORHOOD COURT

Santa Cruz County District Attorney's Office

| Please describe your experiences with the criminal justice system | |
|--|--|
| | |
| | OT available to volunteer? |
| References - Please list 2 contacts famil | ng accommodation? liar with your work ethic and capabilities (No relatives please) Phone |
| | |
| Name | Phone |
| Emergency Contact: | |
| Name | Phone |
| | |
| I hereby certify that the information I p authorizes the District Attorney's Office | provided in this application is true and correct. My signature e to contact my references. |
| Signature of Applicant: | Date |
| | neighborhoodcourts@santacruzcounty.us or: |
| ATTN: Elaine Johnson | |
| Santa Cruz County District Attorney's C | Office |
| 701 Ocean Street. Room 200 • Santa C | ruz, CA 95060 • 831-454-2534 |