

**ISLAND COUNTY JUVENILE & FAMILY COURT SERVICES**  
**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_  
          LAST                          MAIDEN                          FIRST                          MIDDLE

DOB: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/MESSAGE PHONE: \_\_\_\_\_

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**PREVIOUS or CURRENT VOLUNTEER EXPERIENCE:**

(Please include the dates and the name of the program(s) in which you volunteered.)

**PREVIOUS EXPERIENCE** with Youth (include work, volunteer, or parenting):

WHY DO YOU WANT TO VOLUNTEER?

HOW LONG ARE YOU WILLING TO VOLUNTEER?

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REFERENCES:

NAME	RELATIONSHIP TO APPLICANT	ADDRESS	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I HEREBY AUTHORIZE ISLAND COUNTY JUVENILE AND FAMILY COURT SERVICES TO CONTACT THE REFERENCES PROVIDED ABOVE, BY ME, REGARDING THIS APPLICATION.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

Mail completed application to: [Island County Juvenile Court Services, POB 5000, Coupeville WA 98239](#)  
For questions call: [360 679-7325](tel:3606797325)

