

Official Use Only:

FCRB

Date app received: _____

Date interviewed: _____

Date Appointed: _____

Board Assigned: _____

Background Checked: _____

Approved for Appointment: _____

Entered in JIMs _____

JUVENILE JUSTICE CENTER

100 Woodland Street, PO Box 196306

Nashville, TN 37219-6306

615.862.8000 Fax 615.880.2371

Sheila D. J. Calloway, Judge

FCRB VOLUNTEER APPLICATION

Personal Information

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ Work Phone: () _____ Ext.: _____

Cell Phone: () _____

May we contact you on your Cell? Yes ___ No ___

Email Address: _____

Gender: Male ___ Female ___ Race: _____ DOB: ___/___/___ Age: _____

SS# _____ Drivers Lic. # _____ State _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Partnership ___

Spouse's Name: _____

Do You Have Minor Children? Yes ___ No ___

Employment Information

Employment Status: Employed: ___ Unemployed ___ Self Employed ___ Retired ___

May we contact your employer? Yes ___ No ___

Name of Employer: _____ Phone #: _____

Employer's Address: _____ City _____ State _____ Zip _____

Occupation: _____ How long in this field? _____

Have you discussed your volunteer services with your employer? Yes ___ No ___

Education

Circle Highest Grade Completed: 9 10 11 12 College 1 2 3 4 Other _____

Field of Study: _____



Health & Activities

If you need assistance with any services of the court, please call 615.862.8000

Have you ever been treated for, or do you have, any health problems, physical or emotional, that could affect your activities in the program? Yes ___ No ___

If "Yes" please explain: _____

Will you need special accommodations? _____

Plases list and describe previous volunteer work: _____

Please list your interest, hobbies, and skills: _____

Please list activities and/or professional experience in the community that demonstrate your interest in children:

- | | |
|---|----------------|
| Are you a Foster Parent? | Yes ___ No ___ |
| Are you an Adoptive Parent? | Yes ___ No ___ |
| Are you a former Foster Child? | Yes ___ No ___ |
| Are you employed by DCS or a Contract Agency? | Yes ___ No ___ |
| Have you ever served on FCRB before? | Yes ___ No ___ |
| Have you lived in any other state? | Yes ___ No ___ |

If so please list States:

- | | |
|----------|-------------|
| 1. _____ | Years _____ |
| 2. _____ | Years _____ |
| 3. _____ | Years _____ |

Emergency Notification

Who should we contact in case of illness or accident?

Name: _____ Relationship: _____

Home-Cell Phone: () _____ Work Phone: () _____

Vehicle Information

Drivers License # _____ State _____ Expiration Date: _____

Vehicle Make: _____ Model: _____ Year: _____

Insurance Carrier: _____ Policy # _____ Expiration Date: _____

Availability

Can you devote a minimum of two to five hours per month? Yes ___ No ___

Will you attend any mandatory training sessions? Yes ___ No ___

If needed, can you devote your volunteer services during the day? Yes ___ No ___

What days of the week are best for you? _____

FCRB volunteer commitment is a two year term, do you anticipate any issues that would prevent you from making that commitment? _____

We have several specialized boards - please check those of most interest to you.

Adoption__ Adolescent__ Baby__ Juvenile Justice__
Youth Development Center__ Extension of Foster Care__ Any__

How did you learn of our volunteer program?

Newspaper _____ Media 3 __ Radio Station _____ TV

News ___ Friend/ Associate ___ Court Website ___ FCRB Member ___ if so,

whom _____ Information Center ___

Other _____

References

List three character references:
One relative, one friend, one work related:

1. _____
(Name) (Phone#) (Occupation)
Address _____

2. _____
(Name) (Phone#) (Occupation)
Address _____

3. _____
(Name) (Phone#) (Occupation)
Address _____

Have you ever been convicted of a crime? Yes* ___ No ___ If yes, please list city & state & give a brief explanation _____
Present Status: _____

*a conviction does not necessarily prevent you from participating as a volunteer.

I certify that the information provided on this application is complete and true. I understand that references will be contacted and a police background check will be processed. I understand that the Juvenile Court of Nashville and Davidson County is not obligated to assign me if in the Court's professional judgment; it would not be in the best interest of those served by the Court.

Signature _____ Date _____

Questions regarding the Foster Care Review Board or this application may be directed to:
(Patty Swartwout – Administrative Assistant) 615.862.8077

Please e-mail application to:
pattyswartwout@jjs.nashville.org

*Juvenile Justice Center
100 Woodland Street
PO Box 196306
Nashville, TN 37219-6306
Attention: Patty Swartwout
Fax: 615-880-2371*

