



New Jersey Judiciary Volunteer Application for ISP

For Office Use Only

Date Received:

Program Assigned:
ISP

General Instructions: Please print clearly. Submit completed application, including original signature, to your local Superior Court office. For information about the programs available in each county (since not all programs are available in all counties) or to find courthouse contact/ mailing information, please go to: njcourts.gov.

Central Office Volunteer Program

Complete the Volunteer Application for ISP and send it to:

Intensive Supervision Program (ISP)

Attn: ISP Unit

P.O. Box 974, Trenton, NJ 08625

For more information about the ISP Screening Board and how to apply, contact the Probation Ombudsman at

ProbationHelp.Mailbox@njcourts.gov.

Personal Information

Name: Title _____ Last _____ First _____ Middle Initial _____
 Mr. Mrs. Ms.
 Miss Dr. Rev.

Home Address: Street _____ City _____ State _____ Zip Code _____

County of Residence _____ Home Phone _____ Work / Business Phone _____ Cell Phone _____

Primary E-mail Address _____ Are you OVER 18 years old?
 Yes No

Emergency Contact Person (Name) _____ Emergency Contact's Phone _____

Have you ever been convicted of a crime (including Disorderly Persons) which has not been expunged by the court? Yes No
If yes, give details of each conviction and disposition below. A conviction will not necessarily preclude you from consideration unless such conviction(s) relates adversely to the volunteer position sought.

Education / Skills

Check Highest Level of School Completed
 Junior High High School Some College Associate Bachelor Advanced Degree

Degree Earned _____ Major Area Studied _____ Are you still in school? Yes No
If yes, give details. _____

In addition to English, do you speak another language? Yes No
Language(s) and Your Proficiency Level
_____ Read Speak Write
_____ Read Speak Write

Relevant Special Skills / Activities / Certificates _____

Employment

Present Employer _____ Number of Years Employed? _____

Business Address: Street _____ City _____ State _____ Zip Code _____

Job Title _____ Major Duties _____ Business Phone _____

If worked for less than one year, complete Previous Employer section below.

Previous Employer _____ Previous Job Title _____ Employer Phone _____ Number of Years Employed? _____

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Availability / Referral	Are you willing to make a commitment for one year or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Hours Available						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
How did you learn about court volunteer opportunities? Please check all source(s) below and further specify as much as possible.							
<input type="checkbox"/> NJ Court Web Site <input type="checkbox"/> Other Web Site <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Newspaper Ad or Article <input type="checkbox"/> Radio / TV Ad <input type="checkbox"/> Family, Friend or Coworker <input type="checkbox"/> Community Organization <input type="checkbox"/> Courthouse <input type="checkbox"/> Job/Career Fair <input type="checkbox"/> Other (please specify) _____							

Affiliations	Are you associated with the justice system or with anyone involved in the program to which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)
	Are you currently a member of any professional, community, political, or social organization or group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give group name, position held, etc. (Use additional paper if necessary.)
	Do you hold an elected political position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give title
	Do you hold an appointed political position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give title
	Have you ever had a salaried position working with juveniles? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)
	Any past volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (Use additional paper if necessary.)

References	Name: Last	First	Relationship (friend, coworker, etc.)	Daytime Phone
	Home Address: Street		City	State Zip Code
	Name: Last	First	Relationship (friend, coworker, etc.)	Daytime Phone
	Home Address: Street		City	State Zip Code

Statements	I, the undersigned, hereby: <ul style="list-style-type: none"> understand that as a condition of appointment to a Judiciary volunteer position, if selected, I will be fingerprinted and a request for a criminal history record will be filed with the State Police; authorize court personnel to conduct such investigation into my background as is necessary, with the understanding that all the information requested will be held in confidence and used only to determine my suitability for placement in a Judiciary volunteer program; understand that I must complete all training required to maintain a judiciary volunteer appointment, if accepted; acknowledge that, to the best of my ability, all the information given on this form is true. 	
	Applicant Signature (or if under age 18, signature of a parent or guardian)	Date