

NEIGHBORHOOD COURTS
SF 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? _____ E-mail _____ Cell Phone _____ Home/Alt Phone _____

Date of Birth _____

Place of employment/School attended (if retired or unemployed, please list previous employment) _____

Position or Title/Year _____

What are your interests and hobbies? _____

Current and/or previous Board or Committee involvement? _____

Do you speak any foreign languages? Please list _____

How did you become interested in Neighborhood Court? _____

What qualities do you have that would make you a good Neighborhood Court panelist? (you may include special skills or strengths you believe are applicable) _____

What do you hope to gain or learn by being a Neighborhood Court panelist? _____

Please describe your experiences with the criminal justice system? _____

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Have you ever had any adverse experiences or contact with a law enforcement agency or the court system? If so, please explain _____

Have you ever been a victim of a crime? _____ Yes _____ No

If yes, please explain: _____

When you available to volunteer? _____

Are there any days, hours, or times of year you are NOT available to volunteer? _____

Do you have any special needs requiring accommodation? _____

References – Please list 2 contacts familiar with your work ethic and capabilities (No relatives please)

Name _____ Phone _____

Relationship to you _____

Name _____ Phone _____

Relationship to you _____

Emergency Contact

Name _____ Phone _____

Relationship to you _____

I hereby certify that the information I provided in this application is true and correct. My signature authorizes the District Attorney's Office and/or CaCDS to contact my references.

Signature of Applicant: _____ Date: _____

Please return completed application as soon as possible to Jackson.Gee@sfgov.org or:

Jackson Gee
District Attorney's Office
850 Bryant Street, Room 322
San Francisco, CA 94103

VOLUNTEER APPLICATION

ADDENDUM FOR CURRENT VOLUNTEERS

Full Name _____

Court you volunteer for (*circle*): Mission SOMA Chinatown Bayview Sunset
 Western Addition OMI/Ingleside Tenderloin North Beach Mission Polk

How long have you been volunteering? _____

What was the date and location of your initial training? _____

Did you observe any court hearings prior to volunteering? _____

If so, how many? _____

Have you attended any supplemental trainings? If so, where and when? _____

When did you last serve at a hearing as a panelist? _____

In the past six months, how many times have you served as a panelist? _____

If you have not served recently, do you still want to be involved? _____

If yes, what is your availability? _____

THANK YOU!