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 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 Neighborhood Courts?
What qualities do you have that would make you a good Neighborhood Courts panelist? (You may include special skills or strengths you believe are applicable)
What do you hope to gain or learn by being a Neighborhood Courts panelist?

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nal justice system.
ontact with a law enforcement agency of the court
es No
le to volunteer?
nodation? our work ethic and capabilities (No relatives please)
Phone
Phone
Phone
this application is true and correct. My signature at my references.
Date
hoodcourts@santacruzcounty.us or:

701 Ocean Street. Room 200 • Santa Cruz, CA 95060 • 831-454-2534