



Clackamas County Juvenile Department Volunteer/Intern Application

Please Print Clearly

Full Name: Date:

Address: City: Zip:

Telephone: Home: Work: Cell:

Email:

Present employer: Title:

From: To: Ph. #:

Supervisor: Job Duties:

Previous employer: Title:

From: To: Ph. #:

Supervisor: Job Duties:

College attended/completed: Highest Degree Received/Date:

All information on this application is true to the best of my knowledge. I understand that falsification or misrepresentation may result in disqualification from employment consideration. I understand that all information used in my role as an employee is confidential and I will respect that confidentiality. I understand that a thorough background & criminal history check will be conducted by the Juvenile Department.

Applicant Signature Required

Date

(Please use another page if needed)

What interests you about this position and how does it fit into your career goals?

Please provide information regarding your educational background and focus of your studies.

Explain your experience working with at risk youth.

What strengths do you bring to a team?

RETURN THIS APPLICATION TO:
Vikki Allen, Community Connections Coordinator
vallen@clackamas.us
2121 Kaen Road, Oregon City 97045
503-650-3146
Fax: 503-655-8448