

**JUDGE MARIO E. RAMIREZ, JR., JUVENILE JUSTICE CENTER
JUVENILE COURT CONFERENCE COMMITTEE VOLUNTEER PROGRAM
Office (956) 587-6200 Fax (956) 587-6248**

I hereby give permission to the Juvenile Court Conference Committee Volunteer Program, a unit of Judge Mario E. Ramirez, Jr. Juvenile Justice Center permission to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction dates as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine if I have a criminal or child abuse background and to determine my eligibility as a volunteer for the Juvenile Court Conference Committee Volunteer Program. I also understand that as long as I remain a volunteer here, the criminal history record check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators hereby remise, release and forever discharge and agree to indemnify the Juvenile Court Conference Committee Volunteer Program; the Judge Mario E. Ramirez, Jr. Juvenile Justice Center, the director, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background. I understand all information obtained from me or about me is confidential and may not be used for any other non-related purpose. The information provided below is correct to the best of my knowledge.

Please print or type information:

Name: _____
Mr. / Mrs. (Please include married/first name) or Miss

Social Security #: _____ D.O.B: _____ Age: _____

Driver License # _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street / P.O. Box City State Zip Code

Occupation: _____ Employer: _____

Home #: _____ Work # (optional): _____

Mobile #: _____ E-Mail Address: _____

Applicant's Signature _____ Date _____

Please Return To: Judge Mario E. Ramirez, Jr., Juvenile Justice Center
Juvenile Court Conference Committee Volunteer Program
Attn: Rene Valencia, Jr., Asst. Coordinator
P.O. Box 267
Edinburg, TX .78540-0267

FOR OFFICE USE ONLY

Date Received: _____	Date Certified: _____
Date Approved: _____	By: _____
Date Finger Print Card submitted: _____	Date Reference letters submitted: _____
Date Sex Offender Form Submitted: _____	Cleared: _____

Judge Mario E. Ramirez, Jr. Juvenile Justice Center Volunteer / Intern Application

Name (Last, First, Middle): _____

Address: _____

Sex: _____ DOB: _____ Phone #: _____

Who referred you to us? _____

Why do you want to be a Volunteer / Intern? _____

Are you presently employed? Yes or No

If YES where? _____

Do you have any Volunteer experience? Yes or No

If YES explain: _____

What is the highest grade you have completed? _____

Where did you attend school? _____

Are you presently attending college or a university? Yes or No

If YES where? _____

What days are you available to volunteer or do your volunteer hours:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.						
P.M.						

When can you start? _____

Please list any skills, interest, hobbies, and community activities that will make you a more suitable candidate? _____
