WASHINGTON COUNTY CIRCUIT COURT
Volunteer Application

Return completed application to:
Annette Cornish, Court Volunteer Program Manager
145 NE Second Avenue, Hillsboro, OR 97124

DATE: _____

Your full legal name: _____
LAST **FIRST** **MIDDLE**

Physical home address: _____

Home phone: _____Work Phone: _____Cell phone:_____

E-mail address: _____ Date of birth:_____

Mailing address, if different than above: _____

Driver's License or State ID number_____ State:_____ Currently Valid? Y N

Why do you want to volunteer at the Circuit Court? _____

_____

List any previous volunteer experience:_____

List languages, other than English, you speak fluently: _____

Place an X on the days you are available:

DAY	8 a.m. – 1 p.m.
Monday	
Tuesday	
Friday	

STATEMENT OF UNDERSTANDING

I authorize the Washington County Circuit Court to conduct a criminal history check. I understand that falsifying or omitting requested information on the application or during the interview may prevent my acceptance as a volunteer.

Printed Name: _____

Signature: _____

Have you ever been convicted of a crime? Yes No Please describe: _____

_____