

# **PROSPECTIVE VOLUNTEER APPLICATION PACKET**

## **DeKalb County Judicial Citizen Review Panel Program**

**Mail or Email application to:  
Teinika Lewis, Program Administrator  
DeKalb County Juvenile Court  
Gregory A. Adams Juvenile Justice Center  
4309 Memorial Drive  
Decatur, Georgia 30032**

**Email: [tmlewis@dekalbcountyga.gov](mailto:tmlewis@dekalbcountyga.gov)  
Phone: (404) 294-2738**

# JUDICIAL CITIZEN REVIEW PANEL APPLICATION DEKALB JUVENILE COURT

*Please complete this form in its entirety. Please TYPE or PRINT legibly.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ ←please print legibly

*Employment information (if applicable)*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ County: \_\_\_\_\_

(Please  $\checkmark$  one):  Full-Time  Part-Time  Student  Retired  Not Employed

Spouse's Name (if applicable): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

How did you hear about the Judicial Citizen Review Panel Program? \_\_\_\_\_

Please  $\checkmark$  any training or experience (practical, volunteer, paid) in any of the following categories. *Please Note that none is required to become a panel volunteer.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> News Media      |
| <input type="checkbox"/> Child Development              | <input type="checkbox"/> Counseling/Psychology          | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Social Work                    | <input type="checkbox"/> Medicine                       | <input type="checkbox"/> Child Welfare   |
| <input type="checkbox"/> Personnel                      | <input type="checkbox"/> Education                      | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Arts & Graphics                | <input type="checkbox"/> Law                            | <input type="checkbox"/> Fund Raising    |
| <input type="checkbox"/> Criminology or Law Enforcement | <input type="checkbox"/> Drug/Alcohol Treatment Program | <input type="checkbox"/> Personnel       |

Please describe any experiences that might be applicable to being a panel volunteer: \_\_\_\_\_

Please describe any other volunteer and community activities: \_\_\_\_\_

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Why do you wish to become a DeKalb County Citizen Review Panel member? \_\_\_\_\_

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What is your understanding of the role of a panel volunteer? \_\_\_\_\_

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From your understanding of the role of a panel volunteer, how do you feel your service will be beneficial to the panel program? \_\_\_\_\_

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Are there any significant or sensitive issues which may pose as a benefit or challenge in your service as a panel member?  Yes  No If so, please explain \_\_\_\_\_

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Hobbies, Special Interest/Skills: \_\_\_\_\_

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What is your primary language spoken? \_\_\_\_\_

Do you speak any other language(s) fluently?  Yes  No If yes, what language(s) \_\_\_\_\_

Are you a foster parent?  Yes  No If yes, where? \_\_\_\_\_

Please list any arrests and/or charges (other than minor traffic citations) that you may have had. Please give the name of the charge, date, County/State and outcome. Please explain, if needed \_\_\_\_\_

Please  the days and times that you **CANNOT** commit to serving. (Please note: Once you are assigned to a panel, that panel will meet a certain day each month, i.e. Panel 1 meets the first Monday of each month.)

Remember, please <input type="checkbox"/> the days and times you <b>CANNOT</b> commit to serving	Mon.	Tues.	Wed.	Thurs.	Fri.
Mornings (8 am – Noon)					
Afternoons (Noon – 4 pm)					

If employed, do you have your supervisor's approval for getting off work once a month to review cases?  Yes  No Explain, if needed: \_\_\_\_\_

Once you are assigned to a panel, will you have any problems with us giving any of your fellow panel members your mailing address/phone number/email address?  Yes  No Please explain, if needed: \_\_\_\_\_

# REFERENCES

As a prospective volunteer, you are asked to give at least three references. Please provide the requested information for each reference that you list below. As soon as your application is received, a reference form will be mailed from our office to the individuals listed. Please contact the individuals first to make sure that they will not have any challenges in completing the reference form and forwarding it back to our office by the deadline they will be given. It is important that we receive the completed reference forms prior to training. If you are currently employed, please list your supervisor first. Please do not list family members as references. **PLEASE PROVIDE COMPLETE ADDRESSES, INCLUDING ZIP CODES. PLEASE PRINT.**

*If employed, PLEASE LIST SUPERVISOR FIRST:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship: \_\_\_\_\_



Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_