

Desiree Sutton Peagler

Chief Judge

Linda Bratton Haynes

Judge

Vincent C. Crawford

Judge

Fatima A. El-Amin

Judge



Michael Cuffee

Court Administrator

L.D. Avery-Delay

Clerk of Court

Carla Hardnett

Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

YOUTH DIVERSION PROGRAM

Dear Prospective Volunteer,

Thank you for your interest in DeKalb County Juvenile Court's Youth Diversion Program (YDP). The Youth Diversion Program is one of several innovative ways the court is responding to the number of youth who are served by the court.

Enclosed you will find an informational flyer explaining the program along with an application. After your application has been reviewed, you will be scheduled for an interview. Once accepted as a volunteer, you will be scheduled for a training session. Upon completion of the training session, you will be scheduled to observe two (2) panel meetings in your assigned area. Please complete the application and return it to the following address as soon as possible.

DeKalb County Juvenile Court
Gregory A. Adams Juvenile Justice Center
Constance Hawkins, Youth Diversion Program Administrator
4309 Memorial Drive
Decatur, GA 30032

If you have any questions or concerns, do not hesitate to contact me. Again, thanks for your interest in making a difference in our community.

Sincerely,

Constance Hawkins

DeKalb County Juvenile Court
Gregory A. Adams Juvenile Justice Center
4309 Memorial Drive ▪ Decatur, Georgia 30032
404-294-2633 ▪ Fax: 404-294-2584

YOUTH DIVERSION PROGRAM APPLICATION

Name:		
Address:		
City:	State:	Zip:
Home#	Cellular #	
Work #	Fax #	
Pager #	Website:	
Primary Email:	Secondary Email:	
Foreign Language(s) fluently spoken:		
Date Of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Occupational Field:		

Employment History		
Current Employer:		
Position/Occupation:		
Work hours:		
Educational Background		
School/Institution	Graduation Year	Degree/Major

Professional Licenses	
Type:	Conferring Entity:
Type:	Conferring Entity:

Briefly describe your skills and strengths that would relate to working with children referred to this program.

What do you hope to gain by participating in the Youth Diversion Program?

Please describe any volunteer experience you may have.

Have you ever been a victim of a crime? If so, please explain.

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REFERENCES

Note: DO NOT LEAVE THIS SECTION BLANK. INCLUDE A TOTAL OF THREE REFERENCES – Professional and/or personal.

Name:		
Address:		
City:	State:	Zip:
Daytime #	Fax #	
Relationship		

For office use only

DJC Office Comments:

Name:		
Address:		
City:	State:	Zip:
Daytime #	Fax #	
Relationship		

For office use only

DJC Office Comments:

Name:		
Address:		
City:	State:	Zip:
Daytime #	Fax #	
Relationship		

For office use only

DJC Office Comments:

ACKNOWLEDGMENT

Date: _____

I, _____, verify that all information I have is truthful and accurate. I also understand that availability and program needs are considering factors in adding volunteers to the DeKalb County Youth Diversion Program roster; therefore, submitting my application does not guarantee my ability to serve through this court program at this time. I also understand that I will be interviewed, references will be contacted, and a background check will be conducted.

Signature: _____

<p>Return Application to: DeKalb County Juvenile Court Gregory A. Adams Juvenile Justice Center 4309 Memorial Drive, Decatur, Georgia 30032 Constance Hawkins, Youth Diversion Program Administrator 404-294-2633, Fax: 404-294-2582 Email: chawkins@dekalbcountyga.gov</p>
