

## Volunteer Panelist Application

*Please write clearly (or type) and fill out the entire application. Thank you!*

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Alt Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best way to contact you?       Home/ Alt Phone    Cell Phone    Email

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

Place of Employment/ School Attended (if retired or unemployed, please list previous employment)

\_\_\_\_\_

Position or Title/Year \_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_

Current and/or previous community involvement \_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign language(s)? Please list \_\_\_\_\_

How did you find out about the Neighborhood Justice Program? \_\_\_\_\_

\_\_\_\_\_

Why would you like to participate in the Neighborhood Justice Program? \_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would make you a good Neighborhood Court Panelist? (You may include special skills or strengths you believe are applicable) \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain or learn by being a Neighborhood Justice Program Panelist? \_\_\_\_\_

\_\_\_\_\_

Do you follow sources that focus on the criminal justice system such as novels, blogs, the internet, newspapers, TV, or radio? If so, what sources? \_\_\_\_\_

\_\_\_\_\_

CONTRA COSTA COUNTY DISTRICT ATTORNEY'S OFFICE

NEIGHBORHOOD JUSTICE PROGRAM

Please describe your experiences with the criminal justice system \_\_\_\_\_

Have you ever had any adverse experiences or contact with a law enforcement agency or the court system? If so, please explain \_\_\_\_\_

Have you ever been a victim of a crime?  Yes  No

If yes, explain why \_\_\_\_\_

When are you available to volunteer? \_\_\_\_\_

Are there any days, hours, or times of year you are NOT available to volunteer? \_\_\_\_\_

Do you have any special needs requiring accommodation? \_\_\_\_\_

**References-** Please list 2 contacts familiar with your work ethic and capabilities (no relatives please)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

***I hereby certify that the information I provided in this application is true and correct. My signature authorizes the District Attorney's Office to contact my references.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to [DA-NRP@contracostada.org](mailto:DA-NRP@contracostada.org)

Janet Era  
Contra Costa County District Attorney's Office  
900 Ward Street  
Martinez, CA 94553  
(925) 957.8719