

Return to: Fox Valley Court Watch
PO Box 327
Batavia, IL 60510-0327

Fox Valley Court Watch Application

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Do you use this email address on a daily basis? Yes _____ No _____

Birth Date (Must be age 18 or older) _____

Occupation _____

Current Employer _____

Full-Time _____ Part-Time _____

Are your hours flexible? Yes _____ No _____

If no, please explain _____

Available – Day(s) of the week _____

Can you make a minimum commitment of 6 months? Yes _____ No _____

Business Phone _____

May we call you there? Yes _____ No _____

How did you learn about the Fox Valley Court Watch Program?

Friend _____

Referral (Name) _____

Attendance at Presentation _____

Do you have your own transportation? Yes _____ No _____

Do you require specific accommodations? Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of any criminal offenses other than minor traffic violations?

Yes _____ No _____ if yes, please explain _____

Are there any criminal charges pending against you at this time? Yes _____ No _____

If yes, please explain _____

Please be aware that the Fox Valley Court Watch Program may reject an applicant.

Please list 3 references (other than family members)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

BACKGROUND CHECK AUTHORIZATION

The primary concern of the domestic violence court is the safety and well being of victims brought before the court. The Fox Valley Court Watch Program must screen volunteers very closely, not only checking personal references, but also completing a background check. We reserve the right to deny admittance to our volunteer program. Your signature below indicates your agreement to a complete and thorough background check. Your signature also means you are reasonably sure you can continue in the FVCW program for a minimum of 6 months following training.

Name _____

Date of Birth _____

Driver's License Number _____

I have completed the above information and it is true to the best of my knowledge.

Signature _____ Date _____