

**APPLICATION FOR KING COUNTY JUVENILE DETENTION  
AA MEETING VOLUNTEER**

1. Please read *Criteria for Selection of Volunteers* before you begin the application to make sure you meet the basic qualifications to serve as a volunteer at the Juvenile Detention Center.
2. Please complete the application to the best of your ability, keeping in mind that the application is used for all types of volunteers.
3. Complete disclosure of criminal history is required. Please list all arrests, citations, and/or convictions, even if they have been dismissed or stricken from public record. Less than full disclosure of your criminal background will be considered grounds for denial of your application. If you are unsure or can't remember specific dates or criminal charges, please make a statement on the application that you are unsure of arrest dates and criminal charges on the application. Please call Greater Seattle Intergroup for assistance on disclosure of your criminal background.
4. Please attach a clear copy of your Washington State Driver's License (or other current government-issued photo ID) to your application. It is important that both photo and text are clear. If possible, enlarge copy to 200%.

Please send paperwork to:

Greater Seattle Intergroup  
5507 Sixth Avenue S.  
Seattle, WA 98108

The entire process will take approximately four weeks after you mail your paperwork. After your application has been approved, you will be required to attend a half-day orientation.



**King County**

**Department of Adult and Juvenile Detention  
Juvenile Division**

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

**To Whom It May Concern:**

**I hereby authorize you to furnish the King County Department of Adult and Juvenile Detention with any and all information that you may have concerning my work record, my reputation and my arrest history. Information of a confidential and privileged nature may be included. Your reply will be used to assist the department in determining my qualifications, suitability and fitness for interacting with detained at-risk youth and access to the King County Juvenile Detention Center secure facility.**

**I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and hereby waive those rights with the understanding that all information furnished will be used by the Department of Adult and Juvenile in conjunction with ensuring client well-being and detention safety and security only, unless information provided reveals current criminal activity.**

**I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.**

**This waiver and authorization is no longer valid immediately upon termination of my employment, or position, for which access to the DAJD facilities, whichever comes first.**

**Note: A photocopy of this request shall be for all intents and purposes as valid as the original.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

7. Been denied a license to care for children or adults, and/or had a license to care for children and/or vulnerable adults suspended or revoked? *If yes, please explain:*  yes  no
8. Been accused of, cited for, arrested and/or convicted of domestic violence? *If yes, please explain:*  yes  no
9. Been involved with and/or named in a No-Contact, Protection, Restraining or Anti-Harassment Court Order? *If yes, please explain:*  yes  no
10. Have you ever bought, sold or otherwise distributed any illegal drugs and/or controlled substances? *If yes, please explain:*  yes  no
11. Do you currently use, or have you used *in the past seven years*, any illegal substance(s), including drugs, opiates, pills, marijuana, huffing, etc.? *If yes, specify which substances were used, for how long, and the date of last use of each substance. Be detailed and specific:*  yes  no
12. Have you ever had your driver's license suspended or revoked? *If yes, please explain:*  yes  no
13. Do you currently owe any court fines or court-ordered restitution? *If yes, please explain:*  yes  no
14. Have you ever been the victim of stolen identity? Are you aware of your name/identity ever having been used by another person in the course of being arrested, cited, taken into custody and/or booked into jail? *If yes, please explain:*  yes  no
15. Have you ever been detained, arrested or temporarily denied entry into this country by the U.S. Immigration and Naturalization Service (INS)? *If yes, please explain:*  yes  no
16. Have you ever been charged, convicted, court marshaled, and/or found guilty in a summary court, deck court, Captain's Mast, company punishment, or any other disciplinary action, while a member of the armed forces, National Guard, or other reserve unit? *If yes, please explain:*  yes  no
17. Do you now or have you ever had any relationship with a person, including relatives, in *this facility* or any other correctional institution? *Please list the relationship, institution and the person's full name.*  yes  no
18. Have you fully and truthfully disclosed any and all juvenile and adult criminal history (arrests, charges, citations and/or convictions, probation, parole, etc.)—including anything you have been told has been dismissed (with or without prejudice), expunged, closed, sealed and/or stricken from the public record?  yes  no

*I hereby certify that I have answered the above questions truthfully—and that all answers and statements made by me on this form have been made in good faith and are true and complete. I further attest that I have completely disclosed all juvenile and adult criminal history, including any and all arrests, detentions, citations, charges and/or convictions that I understand may have been dismissed (with or without prejudice), expunged, sealed and/or stricken from the public record.*

*I understand that any false statements, misstatements, or omission of information or material facts to any question requested on this form, or portion thereof, are grounds for denying my application. I understand that, although criminal history will not necessarily cause my application to be denied, anything less than full disclosure of my background will be considered grounds for denying my application.*

*I understand that the information obtained as a result of any or all phases of the DAJD background investigation will be held strictly confidential, and that the background investigation file is closed to me, but may be released to appropriate law enforcement agencies if involvement in criminal history is suspected or discovered.*

*I understand that it is my responsibility to contact the person I report to at DAJD if any time I am arrested, cited or convicted of a crime or involved in a No Contact Order. I understand that it is my responsibility to contact the person I report to at DAJD if any time a family member or friend is arrested, cited or convicted of a crime or involved in a No Contact Order.*

*With my signature, I hereby authorize my Criminal History Reference Check:*

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

\_\_\_\_\_  
Date

**Please submit original, completed, signed form (no copies or faxes please) along with a clear photocopy of your driver's license to: Karen Kinch, King County Juvenile Detention, 1211 E Alder St, MS 1-G, Seattle, WA 98122-5598**

**OFFICE USE ONLY BELOW THIS LINE**

DAJD CIU Notes: \_\_\_\_\_

- CLEARED**      Date \_\_\_\_\_      Authorizing Signature \_\_\_\_\_
- DENIED**      Date \_\_\_\_\_      Authorizing Signature \_\_\_\_\_
- RECONSIDERATION**      Date \_\_\_\_\_      Authorizing Signature \_\_\_\_\_



**King County**

Department of Adult and Juvenile Detention—Juvenile Division

Youth Service Center  
1211 E Alder St, MS 1-G  
Seattle, Washington 98122-5598  
(206) 205-9620

For Office Use Only: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Service/Contract Provider: _____ <input type="checkbox"/> Library <input type="checkbox"/> Rec Program <input type="checkbox"/> Chaplain <input type="checkbox"/> School <input type="checkbox"/> AA <input type="checkbox"/> NA <input type="checkbox"/> ASD <input type="checkbox"/> Health Clinic <input type="checkbox"/> UW Med Res 07-08 <input type="checkbox"/> Cleared <input type="checkbox"/> Denied <input type="checkbox"/> Access Database
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**Authorization for Criminal History Reference Check 11/07**

A Criminal History Reference Check is **MANDATORY** for all persons applying for volunteer, student intern or service/contract provider positions at King County Adult and Juvenile Detention. Your signature below authorizes DAJD Internal Investigations personnel to complete a criminal history background check on you as well as annual reviews as required. All information will be kept confidential within our agency. Failure to complete this form fully, honestly and accurately will result in your application being denied.

**IMPORTANT: You must submit a clear photocopy of a current government-issued photo identification (i.e., Washington State Driver's License, Washington State Identification Card, or passport) with this application. If possible, please enlarge the photocopy to 200%. PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ AKA/Alias/Maiden \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Apt City State Zip

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

Gender  M  F Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Driver's License No \_\_\_\_\_ Social Security No \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Duties to be Performed \_\_\_\_\_

Applying as (check one only):  Volunteer  Student Intern  Agency Service Provider  Other: \_\_\_\_\_

Agency/Organization/Group \_\_\_\_\_ Position/Role/Job Title \_\_\_\_\_

Supervisor Name & Phone Number \_\_\_\_\_ Approx Length of Requested Access: \_\_\_\_\_

Emergency Contact Name/Relationship/Phone: \_\_\_\_\_

**CRIMINAL/ARREST HISTORY:** Please answer the following questions completely and accurately, indicating yes or no as appropriate. If the answer is yes to any item, include a detailed explanation. Exclude parking and minor traffic violations. Include all juvenile and adult charges, even if you've been told the charges have since been dismissed (with or without prejudice), expunged, sealed, closed and/or stricken from the public record. Note: Although criminal history will not necessarily be cause to deny your application, any non-disclosure of criminal history is grounds for automatic denial.

**HAVE YOU EVER:**

1. Been arrested, cited, convicted and/or a suspect in any offense or crime, or do you currently have any criminal charges pending against you? If yes, list below, including the approximate date(s) and location(s) of the arrest(s), the arresting authority, and the specific resulting disposition of the case. Attach additional pages as necessary.  yes  no
2. Been transported to, held in, booked into, served time in, and/or been an inmate of, and/or released from any King County Dept of Adult and Juvenile Detention correctional facility, and/or any other City, County, State or Federal correctional facility, jail, prison, penal institution or booking center for ANY reason? Please be specific and include dates.  yes  no
3. Been on probation and/or parole in this or any other state? Please be specific and include dates.  yes  no
4. Had (or currently have) an arrest warrant issued in your name in this or any other state?  yes  no
5. Had your name placed on a child, vulnerable adult or sex abuse registry in this country or any other country?  yes  no
6. Been found to have sexually or physically abused or exploited any child, vulnerable adult and/or developmentally-delayed person by a:
  - a. court of law in a dependency action relating to a dependency of a child, etc.? If yes, please explain:  yes  no
  - b. court of law in a domestic-relations proceeding related to the abuse of children, adult or dependent persons? If yes, please explain:  yes  no
  - c. professional disciplinary board and/or the Department of Licensing? If yes, please explain:  yes  no

Please continue on to other side

# King County Division of Juvenile Detention VOLUNTEER PROGRAM MAP AND DIRECTIONS



## DIRECTIONS TO THE JUVENILE DETENTION VOLUNTEER PROGRAM OFFICE FROM I-5:

Take the James Street Exit and drive east up the hill. Go over crest of hill and continue over Broadway to 12<sup>th</sup> Avenue. Turn right onto 12<sup>th</sup> Avenue, heading south. Drive south several city blocks. You will see a large parking lot and the Youth Service Center on your left. You may park in the visitor parking lot, but do not park in red zones or disabled parking. On-street parking is closely monitored and ticketed. The Volunteer Program office is located on the first floor (detention floor) of the Youth Service Center main building. **Regular Business Hours:** Enter through the main doors, go through the main floor security/metal detector and take the elevator down to the first floor. After stepping off the elevator, enter the first door on your left, and then the first door on your right. **After Hours Appointments:** Push the button to the left of the main doors and tell the staff that you have an appointment with the Volunteer Coordinator. They will buzz you through the main doors. Take the stairs down to the first floor and proceed to the second door on your left.



King County  
Department of Adult and Juvenile Detention  
Juvenile Division Volunteer Program

**APPLICANT SIGNATURE/CERTIFICATION**

Please carefully read and consider the following *prior* to signing:

*I attest that the above information is truthful to the best of my knowledge and abilities. I hereby certify that all answers and statements made by me on this form have been made in good faith and are complete and correct to the best of my knowledge and abilities.*

*I understand that any false statements, misstatements, or omission of information or material facts to any question requested on this form, or portion thereof, will be grounds for denying my application, and will subject me to immediate disqualification/termination from the program.*

*I understand that inquiries will be made regarding my suitability as a volunteer worker, and that this will be done in a responsible and confidential manner.*

*I understand that all information obtained as a result of any and all phases of the Department's background investigation will be held strictly confidential and that the background investigation file is closed not only to all outside agencies and organizations, but also to me.*

*I understand that failure on my part to meet my volunteer commitment can result in my termination from the Volunteer Program.*

*Having carefully considered the opportunities and responsibilities involved, I hereby offer my services as a volunteer, student intern or service provider for the King County Division of Juvenile Detention.*

\_\_\_\_\_  
Signature in Full

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

\_\_\_\_\_  
Date

**Questions:** phone (206) 205-9550 or email [karen.kinch@metrokc.gov](mailto:karen.kinch@metrokc.gov)

**Please bring completed application to your interview or mail it to:**  
Volunteer Coordinator, MS 1-G, King County Juvenile Detention  
1211 East Alder St, Seattle, Washington 98122-5598



King County Division of Juvenile Detention

**VOLUNTEER PROGRAM**

**Volunteer/Intern Time Commitment Worksheet**

Please complete this form and bring it with you to your interview. Our purpose is to help you reflect on and determine, prior to your interview, a reasonable volunteer schedule of hours, when taken into consideration with your many other life responsibilities and commitments.

**Secure Detention:**

**Possible Volunteer Hours:** seven days per week, 7:00am to 9:00pm, (except 2:45pm to 4:00pm)

**Community Volunteer Minimum:** three hours per week for six months (78 hours per year)

**Student Intern Minimum:** 100 hours per quarter – 300 hours per academic year

**Alternatives to Secure Detention (ASD) Programs:**

**Possible Volunteer Hours:** Monday-Friday, 8:00am to 9:00pm

**Community Volunteer Minimum:** three hours per week for six months (78 hours per year)

**Student Intern Minimum:** 100 hours per quarter (300 hours per academic year)

**Administration:**

**Possible Volunteer Hours:** Monday-Friday, 7:00am to 5:00pm

**Community Volunteer Minimum:** four hours per week for six months (104 hours per year)

**Student Intern Minimum:** 100 hours per quarter (300 hours per academic year)

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

Proposed Schedule of Hours			
Preferred Start Date: _____			
Check One Only: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			
Check One Only: <input type="checkbox"/> Community Volunteer <input type="checkbox"/> Student Intern <input type="checkbox"/> Service Provider			
Check One Only: <input type="checkbox"/> Secure Detention <input type="checkbox"/> Alternatives to Secure Detention Programs <input type="checkbox"/> Admin			
Day of Week	Time In	Time Out	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total Proposed Hours:</b>			

18. Of all your interests and skills, which would you *most* prefer to utilize while volunteering at juvenile detention? (if willing to teach any of them to youth and/or staff, mark with an asterisk (\*))

19. What types of activities would you prefer to *not* be involved in?

20. How long have you lived in the Seattle/Puget Sound area? Do you have any plans on leaving in the next year or so?

21. Are you fluent in any other languages besides English?  yes  no

If yes, which language(s)? \_\_\_\_\_ spoken written

\_\_\_\_\_ spoken written

22. Please describe your alcohol use within the last two years:

23. Are there any facts *not* revealed in this application/questionnaire which might preclude your application being accepted?  yes  no *If yes, please explain*

**For Chaplaincy Volunteers Only:**

1. What is your religious faith? \_\_\_\_\_
2. What church or place of worship do you attend? \_\_\_\_\_
3. What ministries are you or have you been involved in?

**For Student Internship Applicants Only:**

School: \_\_\_\_\_ Major(s): \_\_\_\_\_ GPA: \_\_\_\_\_

Undergraduate:  Freshman  Sophomore  Junior  Senior

Graduate:  1<sup>st</sup> yr  2<sup>nd</sup> yr

Are you volunteering for credit?  yes  no Course: \_\_\_\_\_

Professor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Need to complete internship by (date): \_\_\_\_\_

Career Interest: \_\_\_\_\_

Will you be in Seattle throughout the summer?  yes  no Dates: \_\_\_\_\_

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

Permanent Home Address: \_\_\_\_\_

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

6. Please check the days and times you are available for volunteer work:

- No Preference    Mornings    Afternoons    Evenings  
 Sun    Mon    Tues    Wed    Thurs    Fri    Sat    Sun

7. Why do you want to volunteer/intern at juvenile detention? What do you personally hope to give and/or gain?

8. Have you ever worked or volunteered within the juvenile justice system or in a correctional institution/secure detention facility?  yes  no

If yes, When? \_\_\_\_\_ What Agency/Facility? \_\_\_\_\_

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

Contact Person & Phone Number: \_\_\_\_\_

9. Describe any other paid or volunteer experience with at-risk/delinquent youth and/or in the human services field.

10. Are there any kinds of youth that you would *most* prefer to work with? If so, why?

11. Are there any kinds of youth that you would *not* feel comfortable working with? If so, why?

12. What are your short-term goals or plans (within the next year or so)?

13. What are your long-range goals or plans (what do you hope to have accomplished in 5-10 years)?

14. Are you currently employed? Please briefly describe your work ethic and work habits:

15. Describe those aspects you most dislike in a job or task and briefly explain why.

16. Describe the most rewarding satisfactions of your past/present employment, volunteering and/or schooling, and briefly explain why.

17. Please list personal hobbies, interests and/or life skills, what you most enjoy doing in your spare time.

(please continue on other side)

**CONFLICT OF INTEREST**

Do you now have, or have you ever had, any relationship with anyone (including family members and close friends) detained at this facility or any other adult or juvenile correctional facility?  yes  no If yes:

Inmate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

**REFERENCES**

Please provide three Seattle-area references (do not list relatives, former employers are okay) who have known you for at least twelve months:

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

Day Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT**

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

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

**OTHER**

How did you learn about this program? Please be specific: \_\_\_\_\_

*Help ensure a productive and rewarding volunteer/internship experience at juvenile detention by answering the questions below. There are no right or wrong answers; rather, the questions are designed to help you prepare for your interview and to ensure the best possible placement at King County Division of Juvenile Detention. Please type or print clearly.*

1. Are you applying for position as a:  Community Volunteer  Student Intern  Agency Service Provider  
(please check all that apply)  Chaplaincy Program  Other: \_\_\_\_\_

If a student intern applicant, are you seeking academic credit?  yes  no

If service provider applicant, name of sponsoring agency/organization: \_\_\_\_\_

2. If you are seeking an assignment with at-risk youth, do you wish to volunteer in secure detention or in the community?

Detention Center  Community  Alternative to Secure Detention Programs  Admin Services

3. Are you interested in/applying for a specific volunteer placement/assignment?  yes  no  not sure

If yes, what placement/assignment/activity: \_\_\_\_\_

4. How many hours per week are you prepared to volunteer? \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

5. How long a time commitment are you prepared to make?  3 months  6 months  1 year  longer



**King County Division of Juvenile Detention  
VOLUNTEER PROGRAM APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

For Office Use Only: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Library <input type="checkbox"/> Rec Program <input type="checkbox"/> Chaplain <input type="checkbox"/> School <input type="checkbox"/> Health Clinic <input type="checkbox"/> ASD <input type="checkbox"/> _____ <input type="checkbox"/> AA <input type="checkbox"/> NA <input type="checkbox"/> Service/Contract Provider <input type="checkbox"/> Cleared <input type="checkbox"/> Denied <input type="checkbox"/> Access Database
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Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

List any other names (married/maiden/aliases) you have used or have been known by: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt City State Zip

Previous Address: \_\_\_\_\_  
Street Apt City State Zip

Home Phone: ( ) \_\_\_\_\_ Answ Mach/Voice Mail?  yes  no

Work Phone: ( ) \_\_\_\_\_ Voice Mail?  yes  no Can you take calls at work?  yes  no  rather not

Cell Phone: ( ) \_\_\_\_\_ Internet/E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen:  yes  no Place of Birth: \_\_\_\_\_  
City State Country

Male  Female Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Spouse/Domestic Partner's Full Name: \_\_\_\_\_

**EMPLOYMENT**

Current Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_  
Street Suite City State Zip

Title/Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext \_\_\_\_\_

**MILITARY SERVICE**

Have you served in the military?  yes  no Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Military Duties Performed/Special Skills/Training: \_\_\_\_\_

**EDUCATION**

Highest Year Completed (circle one): 

<i>High School</i>	<i>College</i>	<i>Masters</i>	<i>Ph.D</i>
9 10 11 12	13 14 15 16	17 18	19 20 +

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  Diploma  GED

Technical/Vocational Training: \_\_\_\_\_

College/University: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICAL REQUIREMENTS**

Do you have any disabilities, physical limitations or health concerns that should be taken into account in determining your volunteer placement?  yes  no *If yes, please describe:* \_\_\_\_\_

**TRANSPORTATION**

Do you have a valid WA St Driver's License?  yes  no License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

How will you commute to and from DJD when volunteering?  Car  Bus  Other: \_\_\_\_\_

List any moving violations within the past two years: \_\_\_\_\_



King County Division of Juvenile Detention

**ACCESS CRITERIA FOR VOLUNTEERS, INTERNS AND SERVICE PROVIDERS**

*The youth population served by the King County Division of Juvenile Detention is a volatile and vulnerable one. Volunteers, student interns and other access applicants must be prepared to interact with youth who are sometimes angry, distrustful, suffering from abuse, have problems with drugs and alcohol, are involved in prostitution, come from dysfunctional families, etc. A background in social services can be helpful but is not required. In addition to completing the application and attending a juvenile detention orientation, all successful applicants must also meet the following minimum criteria:*

1. 21 years of age (or 18 years of age if the applicant is a student applying as part of a college or university internship program)
2. Free of drug and/or alcohol abuse—cannot currently be an alcohol or drug offender. No illegal use/abuse of marijuana and other such drugs for at least three years; no illegal use of narcotics-level drugs for the previous seven years; no alcohol abuse (clean and sober) for the previous two years
3. Successfully complete an interview, evaluation and reference check
4. Successfully pass the KC DAJD criminal history background check, including:
  - (Seattle, King County), Washington Crime Information Center (WACIC), National Crime Information Center (NCIC) and FBI criminal background checks
  - No outstanding charges or warrants
  - If applicant has *one* charge and/or conviction, three years have lapsed since the applicant was last involved in the criminal justice system (including charges, incarceration, probation, parole, etc.) or
  - If applicant has *more* than one charge and/or conviction, five years have lapsed since the applicant was last involved in the criminal justice system (including charges, incarceration, probation, parole, etc.)
  - Must not have a charge or conviction for introduction of contraband
  - Off of parole/probation for a minimum of two years
  - No history (suspicion or conviction) of abuse against children or adults—including child abuse, sexual abuse, domestic abuse, assault
5. Comply with photograph requirements for the Juvenile Division Computerized Access Database
6. Basic understanding of how family and social problems can affect young people
7. Good communication skills. Ability to actively listen to youth and to interact with and respond appropriately to their needs
8. Ability to help young offenders see positive and healthy options for their lives
9. Integrity and keen sense of appropriate and healthy boundaries between adult and child
10. Willingness and ability to accept supervision, and to abide by detention safety and security regulations and staff directives at all times. Willingness and ability to follow guidelines, rules and regulations, and to participate in ongoing in-service training sessions as required
11. Willingness and ability to abide by DAJD's Code of Conduct and Code of Ethics