Fox Valley Court Watch Application

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

Or

Download the application and save to your PC.
Then fill it out and save it.
Then e-mail it to: FVCW_org@outlook.com

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:

_____

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.

References

Please list 3 references (other than family members):

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address_____

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address_____

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address_____

BACKGROUND CHECK AUTHORIZATION

The primary concern of the domestic violence court is the safety and wellbeing 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: _____