

GALLATIN COUNTY
OFFICE OF COURT SERVICES



Gallatin County Justice Council
Council Member Application

Date _____

Name _____

Date of Birth _____

Address _____

SSN _____

How would you like to be contacted? Please specify in order from 1 – 4.

Home # _____ Cell # _____ Work # _____ Email _____

Current Occupation _____

How long? _____

Name of Business _____

Level of Education Completed Grade: 8 9 10 11 12
Vocational School Degree _____ College Degree(s) _____

How long have you lived in Gallatin County? _____

Where did you live prior to living in Gallatin County? _____

Have you ever been convicted of any crime or do you have a case pending? Yes No

By signing this application, you give Court Services the right to perform a criminal background check.

Please provide details:

Justice Council participants often need guidance from the business, academic, social services, judicial system and family-based segments of our community. What other skills, training and vocations have you had that might be beneficial to participants in justice councils?

Have you had any restorative justice training or experience? Yes No

Please describe:

Have you ever participated in a Restorative Justice Council in Gallatin County or other jurisdiction? Yes No

If so, what was your role (offender, victim, council member)? _____

How would you describe your group interaction skills? What personality traits do you bring to the group?

What are your strengths?

What are your weaknesses?

Provide three personal references, not related to you.

	<i>Name</i>	<i>Relationship</i>	<i>Phone Number(s)</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

<p>Optional questions that are useful in creating balanced councils:</p> <p>Gender _____ Race or Ethnicity _____</p>

I affirm that the information contained in this application is true, correct and complete to the best of my knowledge. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal, if discovered at a later date.

Applicant's Signature

Upon completion, please return your application to Court Services.

Please contact Barbara Rainey at 582-3710 or Barbara.Rainey@Gallatin.MT.gov if you have any questions about the application or the application process.

Gallatin County Court Services does not discriminate against qualified adult (over 18) members by reason of disability, gender, race, color, ethnicity, creed or socio-economic status.