

FOR OFFICE USE	
Received:	Approved:

## **Linn County Court Visitor Application**

Thank you for your interest in becoming a court visitor with the Linn County Circuit Court.

Court visitors play a vital role in our guardianship case process, as well as our community. All applications are reviewed with consideration of our current court visitor opportunities. The information you provide will be stored securely and confidentially. Only authorized staff will have access to your information.

Personal Information				
Name:				
Mailing Address:				
	City	State	Zip Code	
Telephone: (Home)		(Cell)		
E-Mail Address:	Birthdate: Month / Day / Year			
		Month / Day /		
Eligibility Information The Linn County Circuit Court Visitor Program and/or experience within a human service relationship.			The state of the s	
*The below fields may be filled out, bu completing this section. In fields that o				
Education				
College:		City, State:		
From(year): to(year):		Did you graduat	e? Yes 🗌 No 🗌	
Graduate:		City, State:		
From(year): to(year):		Did you graduate? Yes ☐ No ☐		
Major/Area of Focus:		Diploma:		
Work Experience *List only positions and roles that have capacity and needs of a protected personabuse and neglect, substance abuse, he	on, or providing as	sistance to individuals o	r groups with issues such as	
Company:		City, State:		
Job Title:		From(m/y):	to(m/y):	
Company:		City, State:		
Iob Title:		From(m/v):	to(m/v):	

## **Additional Information**

<b>1.</b> Have you ever worked with people that are owishes effectively? Yes No No	disabled or otherwise unable to represent themselves and their
If you answered yes, please tell us a little about	the experience.
2. What interests you most about being a court	: visitor?
3. Do you have any particular skills or qualities t	that you believe would help you in your role as court visitor?
<b>4.</b> Are you committed to performing your court	t visitor duties in accordance with ORS 125.150 - ORS 125.170?
Yes No	
5. How did you find out about the Linn County (	Circuit Court Visitor Program?
I was referred by:	_
Linn County Court website  Flyer	
Word of Mouth	
Other	_
References	
Name:	Relationship:
Telephone:	E-Mail:
	Relationship:
Telephone:	E-Mail:
	cation form, please call the Records Supervisor (541) 704-3005.
Is there any additional information you would li	ike us to know?
· · · · · · · · · · · · · · · · · · ·	history background check pursuant to ORS 659A.360. This
	o a conditional job offer and will not exclude me from submitting
my application or being interviewed, if applicab	
I declare that the information I have pro	ovided is true and accurate to the best of my knowledge.
Signature	Date
Print Nama	