

JUNKANOO CORPORATION

NEW PROVIDENCE LIMITED

IN PARTNERSHIP WITH THE MINISTRY OF YOUTH, SPORTS & CULTURE

20192022

Application

for

Prospective Judges

Applicant must be 21yrs or over and a Permanent Resident of the Bahamas

OFFICAL USE ONLY

JUDGE NUMBER

Please PRINT LEGIBLY all information in the spaces provided below and answer all questions and provide documentation including a passport photo as requested or application may be subject to outright rejection

All information given by applicants will be subject to follow up background investigations and checks.

The JCNP reserves the right to reject any application

1. PERSONAL INFORMATION

Full Name (Ms./Mr./Mrs.)	FIRST		MIDDLE		
Maiden name	Nick Names(Alias)				
Address:	(STREET, CITY, ISLAND)			P. O. Box:	
Date of Birth:		Age:		Sex:	
Country of Birth:			Nationality	/:	
Telephone:	(W)		(H)		(C)
Employer:			Professior	n:	
Employer's Address:					
Email:					

2. GENERAL & BACKGROUND INFORMATION

Have you resided in the Bahamas for the past five years? (If NO, please state previous residence):_

Have you ever judged a Junkanoo Parade? (If YES, please give year(s) of parade):_

c. Do you presently have any personal affiliation with ANY Junkanoo Group? (If YES, please name the Group):
d. Do you work on Boxing Day and/or New Years? (If YES, please state which):
e. Why do you wish to be a judge?
Explain how "integrity" relates to a judge and the parade.
3. Given the above, are you confident that you are able to Judge a parade fairly and in an unbiased manner, based on your training and the presentation and performance of the groups during the parades? YesorN
Do you see Judging of Junkanoo Parades as a National contribution and civic duty? YesorN
Do you know of any reason that would disqualify you from being allowed to Judge any parade? Yesor
Are you prepared to give up a minimum of 12 hours to judge the parade? Yes or No

a. Have you participated/rushed (within the past 3 years) with any Junkanoo group/Individual Association? (If YES, please name Group(s) and in

b. Do you have any relatives and/or close friends who participate with any Junkanoo Group? (If YES, name persons, relationship and group(s):

Declaration

I, declare that the information I have provided in this application is true and correct. I further agree that I pledge to abide by all of the rules, regulations and assignments set forth by JCNP or its assigns. I further understand and accept the full responsibility for the accuracy of the information that I have herein provided, and accept full and complete responsibility for the same. If any of the information is found to be false and or misleading, either prior during or after a parade that I have Judged, I render myself incapable of judging again in the future, and agree to stand liable for any such act, and that any and all scores tendered by me will be discarded.

PASTE PASSPORT SIZE PHOTO HERE

which capacity did you participate?:_

APPLICANT SIGANTURE

DATE

Completed applications (including photographs) should be submitted to the JCNP Office, Norfolk House, Frederick St., Between 9:00 am and 4:30 pm (Mondays thru Fridays) or **242pmt@gmail.com**on or before <u>Friday, September 13,</u> **2019 at 4:30pm.**

FOR OFFICIAL USE ONLY

Date Received:

Received By:_____

Application

Prospective Judges

CONFIDENTIALITY SHEET

Full Nam	e (Ms./Mr./Mrs.)	FIRST	MIDDLE	Alias	
1. PEF	RSONAL RECO)RD (please provide d	etails for any a	ffirmative answer)	
i.	Have you ever bee	n convicted of any criminal of	fence? Yes or		
ii.	Are you currently c	n bail for any criminal matter?	Yes or No		
2. QU	Do you have profe	S/EXPERIENCE ssional training or experience attained and documentation		disciplines? If yes, please pr	ovide details of
i.	Music:Yes	br No			
ii.	Art/Costuming:Ye	es No 🗔			
iii.	Performance/Dan	ce: Yesor No			
	Do you have any n	s for insurance and medical en nedical condition(s) that might al, hearing, etc.) If YES, pleas	prevent you from judg	jing? (EG: asthma, heart con	
ii.	Are you allergic to	any specific medicine? (If yes	please list)		
l unde	rstand that I may be	required to take a medical exa	mination to determine	my ability to judge the parade	and agree to the same.
	-	ERSONS TO CONTACT IN THE			·
I.Name				Relationship	
Telephon	ie	(W)		(H)	(C)
2.Name				Relationship	
Telephon	ie	(W)		(H)	(C)
			Declaration		
		mation I have provided ibility for the accuracy of			

and complete responsibility for the same.

APPLICANT SIGNATURE

DATE