



SAN BERNARDINO COUNTY PROBATION DEPARTMENT

TO PROTECT THE COMMUNITY...



MICHELLE SCRAY
Chief Probation Officer

175 West Fifth Street
San Bernardino, CA 92415-0460
(909) 387-2718 (909) 387-2700 fax
yab@prob.sbcounty.gov

Volunteer-in-Probation Application

Youth Accountability Board Volunteer

Please print clearly and provide all information requested.

Name: (Last) (First) (Middle Initial)

Maiden name or other name used:

SS#: D.O.B. Place of Birth:

Address: (Number) (Street) (City) (State) (Zip Code)

Home Tel. #: Cell #:

e-mail address:

EMPLOYMENT: Occupation: Employer:

Length of employment: Work Tel. #:

Can you be contacted at this number? Yes: No: Hours:

EDUCATION: Highest grade completed: School: City:

Special Courses taken and/or degrees:

Languages spoken fluently:

ORGANIZATIONS AND INTERESTS: Hobbies and skills:

Organizational affiliations, clubs, etc.:

Describe previous volunteer experience:

ARREST HISTORY:

Have you or any Family member ever been arrested or convicted for any offense other than minor traffic violations? Yes:

No:

(Include juvenile, adult and military offenses, and serious Vehicle Code offenses such as drunken driving, reckless driving or hit & run.)
Date Offense City/State Disposition

AUTOMOBILE INFORMATION:

Drivers license #: Expiration date: License plate #:

Has your driver's license ever been revoked or suspended? Yes: No:

Explain:

AUTOMOBILE INSURANCE INFORMATION:

Insurance coverage is necessary for your protection should you be required to transport another person:

Required minimum coverage: Public liability: \$15,000 - \$30,000 Property damage: \$10,000

Does your policy meet these requirements: Yes: _____ No: _____

Has your policy ever been canceled, rescinded, or lapsed? Yes: _____ No: _____

Name of insurance company: _____ Policy #: _____

Agent's name: _____ Telephone: _____

Address: _____

Briefly state your reasons for wanting to volunteer for the Probation Department:

INDICATE WHICH PROGRAM / AREA YOU WISH TO PARTICIPATE IN:

Area of Preference:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adelanto | <input type="checkbox"/> Hesperia | <input type="checkbox"/> Rim of the World |
| <input type="checkbox"/> Apple Valley | <input type="checkbox"/> Highland | <input type="checkbox"/> San Bernardino Central City |
| <input type="checkbox"/> Barstow | <input type="checkbox"/> Lucerne Valley | <input type="checkbox"/> Sterling |
| <input type="checkbox"/> Big Bear | <input type="checkbox"/> Ontario/Montclair | <input type="checkbox"/> Tri Community |
| <input type="checkbox"/> Chino | <input type="checkbox"/> Rancho Cucamonga/Upland | <input type="checkbox"/> Victorville |
| <input type="checkbox"/> Chino Hills | <input type="checkbox"/> Redlands | <input type="checkbox"/> Yucca Valley |
| <input type="checkbox"/> Fontana/Bloomington/Colton | <input type="checkbox"/> Rialto | |

Days and hours

available: _____

TWO REFERENCES (Non-Relatives): Indicate name, **complete** mailing address and phone.

Name	Address	City/State/Zip	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

VOLUNTEERS-IN-PROBATION COMMITMENT

I willingly offer my services as a volunteer to the San Bernardino County Probation Department. I agree that if any services involve transportation of any person, I will carry adequate liability insurance on my vehicle. I am willing to complete any required training courses. I will submit monthly reports to the Probation Department regarding my assigned responsibilities as required. , I will keep all information concerning probation clients CONFIDENTIAL. I grant permission for the Probation Department to conduct a background, criminal, and vehicle record check, which is standard procedure for all new employees and volunteers.

I hereby certify that all statements made on this application form are true to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal.

The Department retains full rights to choose or reject an application at-will and is under no obligation to disclose reasons for their decision.

SIGNATURE: _____ **DATE:** _____



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**USE OF CRIMINAL JUSTICE INFORMATION
AND DEPARTMENT OF MOTOR VEHICLE RECORD INFORMATION**

As an employee / volunteer of the San Bernardino County Probation Department, you may have access to confidential criminal records and/or Department of Motor Vehicle record information which is controlled by statute. Misuse of such information may adversely affect the individual's civil rights and violates the law. Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Section 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. Penal Code Sections 11142 and 13303 state:

“Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor.”

California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information.

Any employee who is responsible for such misuse is subject to immediate dismissal. Violations of this law may result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF CRIMINAL RECORD INFORMATION AND DEPARTMENT OR MOTOR VEHICLE RECORD INFORMATION.

Print Name: _____

Signature: _____

Date: _____



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FINGERPRINT APPLICATION

Type or Print Clearly in Ink / Complete all Sections. This information will remain confidential.

Youth Accountability Board

Name: _____ Aliases/Maiden: _____
(Last) (First) (Middle Initial)

SS # _____ DOB _____ Gender: M F

List any Social Security numbers, dates of birth and names by which you have been identified by:

_____ *California Driver's License or ID#* _____ *Date of Expiration:* _____

Ht: _____ Wt: _____ Eye Color: _____ Hair Color: _____ Race: _____

Place of Birth: _____ Country of Citizenship: _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

E-mail address _____

Except for Minor Traffic Violations:

Have you ever been arrested for any violation of the law? YES NO
Have you ever been indicted for any violation of the law,
Or have you ever been a defendant in a criminal proceeding? YES NO
Have you ever been convicted of any violation of the law? YES NO
Have you, your significant other, or any members of your immediate
family ever been on Probation or Parole? YES NO

If your answer is "Yes" to any of the above questions, explain including dates, locations, significant details:

I grant the Probation Department permission to conduct a background, criminal, and vehicle record check, which is standard procedure for all new employees and volunteers.

I hereby certify that all statements made on this application form are true to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal.

SIGNATURE: _____

DATE: _____