



**JUVENILE JUSTICE and DELINQUENCY PREVENTION COMMISSION
of SAN BERNARDINO COUNTY**

175 West Fifth Street, 4th Floor, San Bernardino, California 92415-0460

(909) 522-8794 • Fax (909) 387-7363 • jjdpc@prob.sbcounty.gov

Commissioner Application

Please complete the following application and return to either a JJDP Commission Commissioner or the Coordinator in order for you to be considered for the Juvenile Delinquent Prevention Commission of San Bernardino County. *All information will be kept confidential.* Please write or print clearly. Thank you.

Submittal Date: _____

Name: _____ **D.O.B.:** _____

Last First M.I.

Driver's License #: _____ **Exp. Date:** _____

Auto Insurance Name: _____ **Policy #:** _____ **Exp. Date:** _____

SSN: _____

Address: _____ **Zip Code:** _____

P.O. Box: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Job Title: _____ **Work Phone:** _____

Employer Name: _____ **Empl. Phone:** _____

Address: _____

If Retired, Previous Business or Profession: _____

Are you available for Commission meetings on the second Wednesday of each month from 3pm to 5pm?

Yes

No

Can you participate on inspections of juvenile facilities that might require your time either midweek, in the evenings or on the weekends?

Yes

No

Summarize your education and experience related to youth or youth activities that you feel are important and relevant to the responsibilities and role of a Commissioner:

Why would you like to serve as a Juvenile Justice and Delinquency Prevention Commissioner?

(Attach additional pages if necessary)

References
(Please list three)

Name: _____ **Title:** _____

Mailing Address: _____ **Phone:** _____

Name: _____ **Title:** _____

Mailing Address: _____ **Phone:** _____

Name: _____ **Title:** _____

Mailing Address: _____ **Phone:** _____

Signature: _____ **Date:** _____

Submit to: **JJDPC Coordinator**
c/o San Bernardino County Probation Department
175 W. 5th St., 4th Floor
San Bernardino, CA 92415-0460
jjdpc@prob.sbcounty.gov



TRACY REECE
Chief Probation Officer

EDWARD BARRY
Assistant Chief Probation Officer

175 West Fifth Street, 4th Floor
San Bernardino, CA 92415-0460
(909) 522-8794 or Fax (909) 387-7363
jjdpc@prob.sbcounty.gov
sanbernardinocountyprobation.org

FINGERPRINT APPLICATION

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

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

SS #: _____ DOB: _____ Gender: M F

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

California Driver's License #: _____ 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 Telephone: _____ 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, and 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 acknowledge that if, for any reason, the Probation Department does not select me for volunteer work, they are under no obligation to explain why. I also acknowledge if chosen for a volunteer position, I may be terminated, or released from service at any time, without cause, and without right of appeal.

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: _____