TRACY REECE
Chief Probation Officer

KIMBERLEE DRURY
Assistant Chief Probation Officer

175 West Fifth Street, 4th Floor
San Bernardino, CA 92415-0460
(909) 387-6118 or Fax (909) 387-6116
volunteers@prob.sbcounty.gov
www.joinprobation.org

Volunteers-in-Probation Application

☐VIP Regular ☐Youth Accountability Board ☐Special Programs ☐Reach ☐Religious ☐NA/AA

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

Maiden name or other name used: _____

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

Address: _____
(Number) (Street) (City)

Home Tel. #: _____ Cell #: _____

E-mail address: _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

EMPLOYMENT: Occupation: _____ Employer: _____

Length of employment: _____ Work Tel. #: _____

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

EDUCATION: Highest Level of Education: _____ School: _____ City: _____

Special Courses taken and/or degrees: _____

_____

Languages spoken fluently: _____

ARREST HISTORY:

Have you or any family member ever been arrested *or* convicted for any offense other than minor traffic violations?
☐ Yes or ☐ No (If yes, please explain)

(Include juvenile, adult and military offenses and serious Vehicle Code offenses such as driving under the influence, reckless driving or hit & run.)

Date	Offense	City/State	Disposition

AUTOMOBILE INFORMATION:

Driver's license #: _____ Expiration date: _____ License plate #: _____

Has your driver's license ever been revoked or suspended?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

If yes, please 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 or ☐ No

Has your policy ever been canceled, rescinded, or lapsed? ☐ Yes or ☐ 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:

Detention Corrections Bureau:

☐ Juvenile Detention and Assessment Center ☐ Gateway Treatment Services - Boys ☐ Youth Justice Center

Community Corrections Bureau:

☐ Adult Services ☐ Juvenile Services ☐ Other: _____

Area of Preference:

☐ San Bernardino ☐ Rancho Cucamonga/Fontana

☐ Victorville ☐ Morongo/Joshua Tree

☐ Barstow

Days and hours available: _____

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

	Name	Address (City/State/Zip code)	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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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**: _____