



COUNTY OF SACRAMENTO

Probation Department

8745 FOLSOM BLVD SACRAMENTO, CALIFORNIA 95826
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To : Volunteer

Thank you for your interest in becoming a volunteer with the Sacramento County Probation Department. You are assisting our Department by donating your time, talents and skills to provide programs and services to our clients and/or the community. By volunteering your time, you are an integral part of our department's mission to implement a balanced justice model that includes community empowerment to help restore victims and bring offender accountability and competency.

Before being allowed to participate with department functions and programs, volunteers must undergo a screening process to determine fitness for this important role. We have provided an overview of the application process that will occur prior to being authorized to start a volunteer assignment.

1. Volunteer application and proof of Tuberculosis test is received and reviewed by Division Site Volunteer Coordinator or Administrative Services, Live Scan Officer.
2. If approved, the application is forwarded to Probation Administrative Services Manager for review and approval.
3. If approved, volunteer is contacted by the Live Scan Officer to schedule an appointment for fingerprints and photo identification. There is a \$32 processing fee for this.
4. If background is clear, the volunteer's application and identification badge is sent to the Division Site Volunteer Coordinator where the volunteer's assignment is located.
5. Once cleared, the volunteer is scheduled for a mandatory four (4) hour Multi-Disciplinary Training (specific to YDF). Applicant is required to attend annually thereafter.
6. Upon completion of training, the volunteer is provided his/her photo identification badge.
7. The volunteer is authorized to enter his/her assigned location as designated by the program coordinator.

Please forward volunteer application to the following:

Youth Detention Facility volunteers:
9601 Kiefer Blvd, Sacramento, CA 95827
Attn: Programming Supervisor

You may take this cover sheet for personal reference. Thank you for your willingness to share your talents.

VOLUNTEER IN PROBATION APPLICATION

Type or print clearly in ink. Complete all sections to avoid a delay in processing.

Applicant Agency:

Agency Contact Name and Phone Number:

G.A.P.—Gang Awareness and Prevention

Ashley Read 916-213-4006

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

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

Telephone (home): _____ Telephone (cell): _____

Email: _____ SS#: _____ DOB: _____

Maiden or other name(s) used _____

(Social Security number, other names used and date of birth are for background check purposes only)

Drivers license # : _____ State _____ Expiration date: _____

Emergency Contact Person: _____ Telephone: _____

Relationship to Volunteer: _____

Previous volunteer experience: _____

Background Information

Conviction of a crime is not necessarily a bar to becoming a volunteer. Each case is considered separately based upon volunteer requirements.

1. Have you ever been arrested or convicted by any court of an offense other than minor traffic violations? (Include juvenile, adult, and military offenses) Yes _____ or No _____.
Note: Drunk driving, reckless driving, hit & run are not minor traffic offenses.

If "yes", please furnish the following information:.

Date	Offense	City/State	Disposition

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

3. Do you know or are you related to anyone who has been on probation within the past 5 years? If so, please describe

Name: _____ Relationship: _____

State: _____ Offense: _____ When: _____ Where: _____

4. Do you know or are you related to anyone, adult or juvenile, who is presently incarcerated? If yes, please describe

Name: _____ Relationship: _____

State: _____ Offense: _____ When: _____ Where: _____

Health clearance requirements

Please initial the following:

1. _____ I have submitted proof of a health clearance form which would verify tuberculosis (TB) testing (within the past 12 months) with this application. This is at the volunteers' own cost.

2. _____ I acknowledge I have had Measles (Rubeola), Mumps, Rubella, or Chickenpox sometime in my life.

OR

_____ I have not had one of the communicable diseases listed above but I have received immunization for Measles (Rubeola), Mumps, Rubella (MMR), and Chickenpox. Approximate date of Immunization _____

Volunteer Information

1. Where did you hear about us? _____

2. Why are you interested in a volunteer position with the Probation Department? _____

Volunteer Expectations

Please initial that you acknowledge and will abide by each expectation.

1. _____ I will conduct myself at all times, in a manner avoiding any hint of abuse of my official volunteer position.

2. _____ I will not use my volunteer identification card for personal advantage or to obtain services or information that is not directly related to my official duties.

3. _____ I will not accept gifts or money from anyone for personal benefit when related to my official duties.

4. _____ I understand all information concerning probationers / clients shall be strictly confidential, except in situations where the volunteer is mandated to report.

5. _____ I will not procure relationships with residents in custody, or maintain contact with residents once they are released, beyond professional levels of contact.

6. _____ I will obtain prior written approval from the resident's legal guardian before having any relationship and/or maintaining contact with a resident outside of custody.

7. _____ I will not take or travel with any probationer / client on any departmental, social, or recreational activity without prior departmental approval. If the probationer / client is of the opposite gender, I understand there must be another staff or volunteer present.

8. _____ I will report to the Division Site Volunteer Coordinator and the site Supervisor in charge of my assignment any information I receive concerning A) criminal conduct of probationers or B) abuse and/or neglect of children or elders.
9. _____ I will notify the program coordinator if, at any time, I have knowledge that a relative or personal contact was booked at the Youth Detention Facility.
10. _____ I will abide by all the rules and regulations established for the specific probation unit to which I am assigned, including arriving on time and notifying a Probation program staff if I am unable to report as scheduled.
11. _____ I understand violation of the above provisions may result in my termination from the program.
12. _____ I understand Probation reserves the right to release a volunteer from service at any time.

Volunteers In Probation Commitment

I hereby agree to offer my services as a volunteer / student intern with the Sacramento County Probation Department. I further agree that if any services involve transportation of any person, I will carry adequate liability insurance on my vehicle and use seatbelts. I will complete the Multi-Disciplinary training provided by the Probation Department (Youth Detention Facility). I will submit monthly reports to the Probation Department regarding my assigned responsibilities and will keep all information concerning probation clients CONFIDENTIAL. I further grant permission for the Probation Department to conduct background, criminal, and vehicle record checks, 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.

Print Name _____

Signature _____

Date _____