



MICHELLE SCRAY BROWN  
Chief Probation Officer

TRACY REECE  
Assistant Chief Probation Officer

175 West Fifth Street, 4<sup>th</sup> Floor  
San Bernardino, CA 92415-0460  
(909) 387-6114 or Fax (909) 387-5827  
[volunteers@prob.sbcounty.gov](mailto:volunteers@prob.sbcounty.gov)  
[www.joinprobation.org](http://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: \_\_\_\_\_

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Has your driver's license ever been revoked or suspended?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Has your policy ever been canceled, rescinded, or lapsed?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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**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.*

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:** \_\_\_\_\_