



# Fresno County Probation Department

Kirk Haynes, Chief Probation Officer



Fresno County Probation Department  
3333 E. American Ave.  
Fresno, CA 93725

Attn: Personnel  
Phone: (559) 600-4825  
Fax: (559) 600-1307

## VOLUNTEERS IN PROBATION APPLICATION

FOR PROBATION PERSONNEL USE ONLY			
Local Records Check:	CLETS/DMV:	Fingerprints:	TB Test Results:

### CONTACT INFORMATION (Print clearly in ink)

Name: (Last, First, MI) \_\_\_\_\_ Maiden or other name(s) used: \_\_\_\_\_

Address: (number & street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Please list below prior residence if current residence is less than 2 years)

Address: (number & street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Organization/Agency you will be representing: \_\_\_\_\_

### PREA (Prison Rape Elimination ACT)

The Prison Rape Elimination Act (PREA) was passed in 2003. The purpose of the act is to "provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape."

- Will you be willing to abide by all **PREA** Standards, which will include an orientation/training  Yes  No
  - (Please note: Selecting "No" to the question above may result in the rejection of your application)
  - (If you answer "Yes" to any question below, please provide the date, offense, city/state & an explanation on a separate piece of paper and attach to this form)
- Have you ever been arrested for any crime(s) and/or arrested or convicted for sexual abuse, or any other sexual misconduct?  Yes  No
- Have you ever been investigated for sexual harassment?  Yes  No

**LEGAL INFORMATION**

- 1. Has your driver’s license ever been revoked or suspended?  Yes  No
- 2. Have you ever been detained, cited, arrested, or convicted of any offenses other than minor traffic violations? (Drunk driving, reckless driving, and hit & run are not minor violations)  Yes  No

(If you answered “Yes” to any of these questions, please provide the following information: if additional space is needed, use a separate piece of paper and attach to this form)

	Date	Offense	City	State
1				
2				
3				

Are you currently on probation, parole, or a diversion program?  Yes  No

Do you know anyone who is currently or was formerly in custody at the Juvenile Justice Campus?  Yes  No

If “Yes”, explain: \_\_\_\_\_

**EDUCATION**

_____	_____	_____	_____	_____
School currently or last attended	City	State	Degree	Major

Special course(s) taken: \_\_\_\_\_

Language(s) spoken other than English: \_\_\_\_\_

**EMPLOYMENT HISTORY**

_____	_____	_____
Current Employer	Position/Title	How Long

_____	_____	_____	_____
Address: (number & street)	City	State	Zip Code

Phone #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

*If current employer is less than 2 years, please list previous employment*

_____	_____	_____
Previous Employer	Position	How Long?

_____	_____	_____	_____
Address: (number & street)	City	State	Zip Code

Phone #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**REFERENCES (Please provide 2 references)**

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Telephone</b>
1				
2				

**OTHER INFORMATION**

1. Have you ever worked for a criminal justice agency? If so, please list employer and dates below.

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2. Volunteer Experience (list dates, organization and duties performed) :

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3. Special Interests (hobbies & skills) :

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4. Briefly state your reason(s) for wanting to volunteer:

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**QUESTIONNAIRE**

The Fresno County Probation Department is committed to providing the best and most appropriate services possible. The department will make every effort to enlist the cooperation of all available resources and commit to the development of a public/private partnership, which includes volunteers as an important and necessary ingredient in the development and delivery of services.

The goals of our programs are: to augment current and future department services, utilize volunteers to enhance, expand, and upgrade those services, and to enlist citizens in solving and alleviating common issues, thus empowering them to create positive change in our community.

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In order to help us identify the best placement for you, please rank your top three preferences from the following divisions:  
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- |                          |                          |                          |                                |
|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1 <sup>st</sup>          | 2 <sup>nd</sup>          | 3 <sup>rd</sup>          |                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Division                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juvenile Division              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juvenile Justice Campus        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Crime Victim Assistance Center |

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Please select from the following program options:  
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- I would like to serve as a mentor for a low level offender living at home.
- I would like to serve as an interpreter for Probation Department Clients. The foreign language I speak, read and write is \_\_\_\_\_
- I would be interested as serving as a tutor for Probation Department clients.
- I would be interested in providing clerical support to Deputy Probation Officers.
- I would like to assist Deputy Probation Officers as needed.

### SCHEDULE OF AVAILABILITY

I would be available to volunteer \_\_\_\_\_ hours per week/month of my time to the Probation Department. I am available on the following date(s) and time(s):

Monday \_\_\_\_\_ am to \_\_\_\_\_ pm    Friday \_\_\_\_\_ am to \_\_\_\_\_ pm  
Tuesday \_\_\_\_\_ am to \_\_\_\_\_ pm    Saturday \_\_\_\_\_ am to \_\_\_\_\_ pm  
Wednesday \_\_\_\_\_ am to \_\_\_\_\_ pm    Sunday \_\_\_\_\_ am to \_\_\_\_\_ pm  
Thursday \_\_\_\_\_ am to \_\_\_\_\_ pm

### EMERGENCY CONTACTS

List any medical conditions you feel we should be aware of: \_\_\_\_\_

In case of an emergency, notify:

	Name	Telephone	Relationship
1			
2			

### CONFIDENTIAL RELEASE OF INFORMATION

In addition to completing this form, the following steps **must** be done:

- You must provide recent TB test results (from within the past 6 months).
- You will be subject to background check, which may include fingerprints.

I grant my permission for the Probation Department to make background, criminal, and vehicle record checks, which are standard procedures for all vendor applicants.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Signature       Approved       Denied

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY		
JJC	Personnel	
Date received:	Date received:	Date ID issued:
Approved by:	Date sent to Administration:	ID issued to:
Date sent to Personnel:	Date applicant contacted:	Initials:
Notes:		