



## ALAMEDA COUNTY PROBATION DEPARTMENT VOLUNTEERS IN PROBATION (VIP) APPLICATION



Dear Applicant,

Thank you for your interest in becoming a Volunteer in Probation (VIP) with the Alameda County Probation Department (ACPD). Enclosed you will find information about our program. We hope this helps you determine whether it is a good fit for your goals and interests.

Volunteers in this program are required to commit to both the program and their assigned duties for a period of one (1) year, dedicating four (4) hours per week at their assignment. Additionally, volunteers must be at least twenty-one (21) years of age and not currently on probation. Before having access to the Juvenile Facilities, you must complete the three steps outlined below.

- (1) Fill out and return the enclosed application with your resume attached.
- (2) Interview with the Volunteer Program Coordinator.
- (3) Complete VIP training, which includes some of the following:
  - Mentoring/Cultural Sensitivity
  - Overview of Probation
  - Prison Rape Elimination Act (PREA) Training

After reviewing the application packet and considering the requirements, I encourage you to reflect on whether you have the dedication and commitment it takes to become a VIP. If you are ready to take on the challenge of making a meaningful difference in a youth's life, please return the enclosed application to our office. Once we receive your completed application, a representative from ACPD will contact you to schedule an interview. Should you be accepted into the program, ACPD will perform a background investigation which includes, but may not be limited to, a fingerprint check, a criminal background record check, a child abuse registry check, and a Department of Motor Vehicles record check.

Thank you again for your interest in the program. We look forward to meeting you and working together.

VIP Coordinator  
[VIP@acgov.org](mailto:VIP@acgov.org)

Rakeya Cherry-Hill  
Reentry Services Coordinator

**ALAMEDA COUNTY PROBATION DEPARTMENT  
VOLUNTEER/PROVIDER APPLICATION**

VIP Coordinator  
2500 Fairmont Drive  
San Leandro, CA 94578  
510-667-3117 office  
[vip@acgov.org](mailto:vip@acgov.org)

<b>ACPD Use Only</b>
Date Received:

**PERSONAL INFORMATION**

Last Name	First	Middle Int.	Maiden/AKA	Gender
Physical Address (Street, City, State, Zip)		Mailing Address (if different from Physical Address)		
Date of Birth	Social Security Number		Phone #	Mobile #
Driver License # or Identification #	State of Issue	Exp. Date	Email Address	

**ETHNICITY**

- Native American   
  Filipino   
  African-American   
  Middle Eastern   
  Pacific Islander  
 Asian   
  Latino   
  Caucasian   
  Other \_\_\_\_\_   
  Decline to state

**EMPLOYMENT INFORMATION**

Employer Name and Address	Work Telephone
Title and Description of Work	Work Hours

**EMERGENCY CONTACT**

Emergency Contact Name	Relationship
Emergency Contact Phone #	Emergency Contact Address

## BACKGROUND INFORMATION FOR VOLUNTEERS

(Community Based Organizations and Providers – skip to the *Provider* section on page 4)

### EDUCATION

Education: Last School Attended	Highest Grade Level Completed	Major/Degree (if applicable)

### LANGUAGE SKILLS

Can you speak any language in addition to English? Which one(s)?	Sign Language
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, languages: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

### BACKGROUND

Have you ever been arrested?

YES  NO

If yes, please explain any convictions

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How did you hear about the VIP program?

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How many hours are you available to volunteer per week?

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Why do you want to serve as a volunteer?

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Are you a member of any community service organizations or clubs? (List)

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## VOLUNTEER COMMITMENT

**(Community Based Organizations and Providers – skip this page and continue to the *Provider* page below)**

**Are you willing to make the following commitments:**

**Complete the volunteer basic training program?**

YES  NO

### RELATIONSHIPS

**Are any of your family members in the Alameda County Juvenile Hall (including immediate and extended family)?**

YES  NO

**Do you know any youth currently in the Alameda County Juvenile Hall?**

YES  NO

**Are any of your family members on probation in Alameda County?**

YES  NO

**If yes to any of the above questions, explain.**

### AUTHORIZATION

Part of the routine screening of volunteer applicants involves performing a background investigation which includes, but may not be limited to, a fingerprint check, a criminal background record check, a child abuse registry check, and a Department of Motor Vehicles record check.

**Do you authorize the Volunteer in Probation program to conduct this background investigation?**

YES  NO

**Please use this space to share any additional information about your background.**

## PROVIDERS

(Volunteers, skip to the next page)

<b>Name of Organization:</b>		<b>Your Title:</b>	
<b>Anticipated hours of services per week:</b>	<b>Is the organization above aware you are submitting this application?</b>	<b>Are you providing services under a contract with ACPD?</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please provide detailed information on the services you will be providing: (This section must be completed.)**

## AUTHORIZATION

Part of the screening to enter the Juvenile Facilities involves performing a background investigation which includes, but may not be limited to, a fingerprint check, a criminal background record check, a child abuse registry check, and a Department of Motor Vehicles record check.

**Do you authorize ACPD to conduct this background investigation?**

YES     NO

**Please use this space to share any additional information about your background.**

**AGREEMENT**  
**(All applicants to complete)**

I understand and agree that by submitting this application, I authorize the Alameda County Probation Department (ACPD) to make inquiries regarding my suitability. Any information obtained will be used only for the purpose of determining my suitability to enter the Juvenile Facilities and will be held in the strictest confidence. Falsifying and/or knowingly misrepresenting any information in this application are ground for denying the application or dismissing the volunteer.

Initial: \_\_\_\_\_

I understand that the following will be grounds for denial of this application:

- (1) An open court case (applicant may be allowed to reapply upon closure of the case);
- (2) Any confirmed case, adjudication, or civil decision on any issue stated in the sections below; or
- (3) Failure to truthfully complete this application.

Initial: \_\_\_\_\_

I understand that I must notify ACPD of any arrest and/or conviction for the following:

- (1) Sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- (3) Are civilly or administratively adjudicated to have engaged in the activity described above; and
- (4) Any incidents of sexual harassment in the community.

Initial: \_\_\_\_\_

In addition, I must notify ACPD of any investigation into an allegation of abuse or neglect towards a child either on this application or if I am made aware of such investigation while this application is active.

Initial: \_\_\_\_\_

I understand that my record with the California Department of Justice will remain open and the ACPD will receive subsequent arrest notifications until:

- (1) I revoke this authorization in writing;
- (2) My services are terminated by ACPD; or
- (3) I do not provide services at the Juvenile Facilities at least once every 6 months.

Initial: \_\_\_\_\_

By signing below, I hereby acknowledge that I have completed this application truthfully and have disclosed to ACPD any of the required information as stated on this application. I also acknowledge that I will notify the ACPD when I will no longer be providing services at the Juvenile Facilities.

Signature	Date



# ALAMEDA COUNTY PROBATION DEPARTMENT

P.O. Box 2059  
1111 Jackson Street  
Oakland, CA 94604-2059

**BRIAN K. FORD**  
Chief Probation Officer

## RELEASE OF LIABILITY IN THE EVENT OF INJURY WHILE VISITING A YOUTH IN THE JUVENILE FACILITIES

I, \_\_\_\_\_, agree to hold Alameda County and the Alameda County Probation Department (ACPD) harmless in the event that I am injured in any way or exposed to an infectious disease while visiting my assigned Volunteer in Probation (VIP) youth in the Juvenile Facilities.

\_\_\_\_\_  
VIP Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



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P.O. Box 2059  
1111 Jackson Street  
Oakland, CA 94604-2059

**BRIAN K. FORD**  
Chief Probation Officer

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the Alameda County Probation Department (ACPD) to investigate my current and past employment records and character. Additionally, I specifically authorize any schools, colleges, and/or universities I am attending or have attended to release the information requested by the ACPD regarding my academic achievements and records. I hereby release Alameda County, ACPD, or others from liability or damage which may result from furnishing the information requested, including any liability under California Labor Code Section 1054.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ALAMEDA COUNTY PROBATION DEPARTMENT

P.O. Box 2059  
1111 Jackson Street  
Oakland, CA 94604-2059

**BRIAN K. FORD**  
Chief Probation Officer

## **USE OF CLETS CRIMINAL JUSTICE INFORMATION AND DEPARTMENT OF MOTOR VEHICLES RECORD INFORMATION**

As someone who may be granted access to Alameda County Probation Department (ACPD) Juvenile Facilities, you could encounter confidential criminal records, Department of Motor Vehicle records, or other criminal justice information, much of which is protected and regulated by law. All access to California Law Enforcement Telecommunications System (CLETS)-related information is based on the “need-to-know” and the “right-to-know”. Misuse of such information may adversely affect an individual’s civil rights and violates the law and/or CLETS policy.

Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11141-11143 and 13302-13304 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information. Penal Code Sections 11142 and 13303 states:

“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 who is not authorized by law to receive the record or information is guilty of a misdemeanor.”

Any individual who misuses CLETS-related information is subject to immediate dismissal. Violations of the law may result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL CLETS ACCESSIBLE INFORMATION.

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Signature

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Date

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Printed Name



## ALAMEDA COUNTY PROBATION DEPARTMENT VOLUNTEERS IN PROBATION (VIP) EXPECTATIONS



**As a volunteer in the VIP Program, you will be expected to:**

1. Commit to at least one (1) year of active involvement in the program.
2. Collaborate with Deputy Probation Officers, Facilities Staff, and/or other team members, becoming part of the overall **TEAM EFFORT**.
3. Maintain regular contact with your supervisor (designated ACPD staff) and communicate any significant information related to your assignment.
4. Establish clear goals and expectations with your assigned youth.
5. Keep adequate and up-to-date records of all contacts with your assigned youth.
6. Maintain strict confidentiality regarding youth information; share such information only with your supervising probation personnel or those authorized by them.
7. Do not give youth your personal contact information, including your home or business address, P.O. Box, email, social media handles, or phone numbers.
8. Conduct yourself professionally at all times, including appropriate dress and demeanor during your assignments.
9. **Do not discuss pending charges or the legal case with youth.**
10. Avoid making promises to youth in custody.
11. Notify your supervisor immediately if you choose to withdraw from the program, and promptly return your identification card along with any probation-related property or youth records.
12. Complete your attendance records and evaluation forms, documenting your hours of volunteer service.
13. **Obtain approval from the Duty Institutional Supervisor (IS II) before bringing any supplies or materials into the Juvenile Facilities.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**



# ALAMEDA COUNTY PROBATION DEPARTMENT VOLUNTEERS IN PROBATION (VIP) VOLUNTEER AGREEMENT



Thank you for volunteering with the Alameda County Probation Department (ACPD). We sincerely appreciate your donation of time and effort in support of volunteer activities within the ACPD. Your contribution is valued and recognized, and because your role is important, we want to ensure that you clearly understand the following considerations before you begin:

- You are not an employee of the County and will not receive compensation for your volunteer activities.
- There is no contractual relationship between you and the County.
- You are not covered by the County workers' compensation insurance in the event of an injury.
- The County provides accident insurance to cover immediate medical care in case of injury during volunteer activities. For further information, or if an injury occurs, contact the person coordinating your activity.
- Do not engage in tasks you are not trained or familiar with, and do not use equipment that appears unsafe or unfamiliar.
- Your service is entirely voluntary, and you are not obligated to perform any task you are unwilling to do.

To clarify your relationship with the County in the event your activity results in a claim or lawsuit, please review the statement below:

*As a volunteer, I assume responsibility for all claims or legal actions and costs resulting from injuries to another person's or damage to their property caused by my negligence.*

By signing below, you acknowledge that you have read and agree to the terms outlined above.

Thank you, once again, for your commitment to serving your community through this important work.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE