



ALAMEDA COUNTY PROBATION DEPARTMENT

Marcus Dawal

Interim Chief Probation Officer

Dear Applicant,

Thank you for your interest in becoming a Student Intern "SIP"/Volunteer in Probation "VIP". Enclosed you will find information about our program. We hope this will enable you to determine if this program is a good match for you.

Volunteers for this program are required to commit to the program and to their assignment for one year and spend four to six hours weekly at their assignment. In addition, we require that you be twenty-one (21) years of age or older and that you are not presently on probation. We also ask that you complete the three steps listed below before being sworn in as an officer of the court.

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

After reading the brochures and considering the above requirements, I urge you to look inside yourself to see if you have what it takes to become a VIP. If you feel you are up to the challenge of making a difference in a child's life, please return the enclosed application to our office. After we receive your completed application, a member of the Volunteer Center will contact you to set up an interview.

Again, thank you for expressing interest in this program. We look forward to meeting you and working together.

VIP Coordinator
VIP@acgov.org

**ALAMEDA COUNTY PROBATION DEPARTMENT
VOLUNTEER CENTER**

*VIP Coordinator
2500 Fairmont Drive
San Leandro CA 94578
510-667-3117 office
510-667-7448 fax*

Office Use Only VIP _____ Adult Mentor _____ Religious Group _____

INTERN/VOLUNTEER APPLICATION

Last Name	First	Middle	Maiden/AKA	Gender
Physical Address (Street, City, State, Zip Code)			Mailing Address (if different from Physical Address)	
Date of Birth	Social Security Number	Telephone #	Email Address	
Driver License # & State of Issue	Expiration Date	Do you own a car?	Auto Ins. Carrier	Policy #
Employer Name and Address			Work Telephone	
Title and Description of Work			Work Hours	
Emergency Contact Name	Relationship	Emergency Contact Phone #		
Education: Last School Attended	Highest Level Completed	Major/Degree		
	-8-9-10-11-12-13-14-15-16-16+			
Can you speak any language in addition to English? Which One(s)?			Sign Language	
Yes/No			Yes/No	
Ethnicity (Circle One)				
Native American Filipino African-American Middle Eastern Pacific Islander Asian Latino Caucasian				
Other _____				
Have you ever been arrested? (Please explain any convictions)				
How did you hear of the VIP program?				
How many hours weekly are you available to volunteer?				
Why do you want to serve as a volunteer?				
Are you a member of any community service organizations or clubs? (List)				

Are you willing to make the following commitments?	
Complete the volunteer basic training program?	Yes/No
Attend one meeting per month for continuing education and training?	Yes/No
Work with children who have suffered abuse or neglect and their families?	Yes/No
Work with children who have committed offenses under juvenile laws?	Yes/No
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, and a Department of Motor Vehicles record check.	
Are any of your family members in the Alameda County Juvenile Hall?	Yes/No
Are any of your family members on probation in Alameda County Probation?	Yes/No
If so, explain.	
Do you authorize the Volunteer in Probation program to conduct this background investigation? Yes/No	
Please utilize this space to share any additional information.	
Agreement	
I understand and agree that by submitting this application, I authorize the Alameda County Probation Department to make inquiries regarding my suitability as a volunteer. Any information obtained will be used only for the purpose of determining my suitability as a volunteer 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.	
Signature	Date

INTERN/VOLUNTEER EXPECTATIONS

As an intern/volunteer in the VIP Program you will be expected to:

1. Commit yourself for at least a one-year involvement in the program.
2. VIPs must work with Probation Officer, counselors, and other staff, becoming part of the **TEAM EFFORT**.
3. Keep in regular contact with your supervisor (deputy probation officer or other designated department staff) and discuss any significant information regarding your assignment.
4. Set up some goals and expectations between yourself and your probationer.
5. Keep adequate records of your contact with the probationer with whom you work.
6. Observe the confidentiality of information about the probationer, refraining from discussing it with anyone except your supervising probation personnel or others authorized by them.
7. Do not give clients your personal information (i.e. home or business address, Post Office box address, and home or business telephone number).
8. Conduct yourself in a professional manner (e.g. in dress and demeanor) when performing your assignment.
9. **Avoid discussing pending charges or case with the minor.**
10. Avoid making promises to youth in detention.
11. Notify your supervisor if you drop out of the program and immediately return you identification card and any probation property such as records of contact with your client(s).
12. Complete your individual attendance record and evaluation sheet showing your hours of volunteer service.
13. **Supplies and/or materials brought into Juvenile Hall by VIPs must be approved by the Duty Supervisor (IS II).**

Signature

Date



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RELEASE OF LIABILITY IN THE EVENT OF INJURY WHILE VISITING A JUVENILE DETENTION INSTITUTION

I, _____, agree to hold Alameda County and the Alameda County Probation Department harmless in the event that I am injured in any way or exposed to an infectious disease while visiting my assigned VIP minor in a juvenile institution.

Intern/Volunteer

Date

Witness

Date



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Authorization to Release Information

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

Date

Signature

INTERN/VOLUNTEER STATEMENT FORM

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

As an intern/volunteer of _____, you may have access to confidential criminal records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. 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 1142 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 not authorized by law to receive the record or information is guilty of a misdemeanor.”

Any employee/volunteer who is responsible for CLETS misuse is subject to immediate dismissal from employment. 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.

Signature: _____

Printed Name: _____

Date: _____



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VOLUNTEER AGREEMENT

Thank you for your donation of time and efforts in volunteer activities for the Alameda County Probation Department. We recognize and appreciate the contribution you are making. Because your activities are important, there are several considerations you should understand thoroughly before you begin:

- You are not an employee and will not be paid for your activities.
- Your service is strictly voluntary, and you cannot be required to do any work you do not wish to do.
- There is no contractual obligation between you and the County.
- There is no County workers' compensation insurance that applies to you in the event of injury.
- The County does have an accident insurance policy to provide immediate medical care if you are injured in volunteer activities. For further information, or in the event of injury, contact the person coordinating your activity.
- Do not attempt any work you are not familiar with and do not use equipment that appears unsafe or unfamiliar.

To clarify your relationship with the County in the event your activity causes a claim or lawsuit, we ask that you read the following statement:

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

By your signature, you acknowledge reading and agreeing to the terms stated above.

Again, thank you for volunteering your time and effort.

VOLUNTEER COORDINATOR

INTERN/VOLUNTEER NAME

ADDRESS _____
CITY _____
DATE _____
SIGNATURE _____

NOTIFY THE FOLLOWING IN THE EVENT OF AN ACCIDENT OR EMERGENCY:

Name: _____ Relationship: _____
Address: _____ City: _____
Telephone No.: _____

Internship Recommendation

Name of Intern:	# of Intern Hours/Week required:
Professor's Name and Title:	College Name and Address:

The section below must be completed by the student's professor or a Letter of Recommendation may be attached.

Please provide information on the person you are recommending for this internship program and why you feel they are qualified and the skills they have.