



# YOUTH CONNECTIONS UNLIMITED

ENCOURAGING

*Respectfulness- Resourcefulness- Responsibility- Reliability*



David Taft

Executive Director

*A Community Based organization  
Committed to the principles of Restorative Justice*

Attn: David Taft  
3053 Freeport Blvd #418  
Sacramento, CA 95818  
(916) 835-1147  
E-mail: [sacycu@hotmail.com](mailto:sacycu@hotmail.com)

Program:

Probation Department

Location:

\_\_\_\_\_

**BACKGROUND INFORMATION REQUEST (type or print clearly in ink)  
Please complete all sections to avoid a delay in processing your application.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone :\_(\_\_\_\_\_) \_\_\_\_\_ Other Contact Number :\_(\_\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Maiden or other name used: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Can you be contacted at this number? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Describe your health/ limitations: \_\_\_\_\_



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Highest Grade completed: \_\_\_\_\_ School: \_\_\_\_\_

City: \_\_\_\_\_

Special Courses and/ or Degrees: \_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

Hobbies & Skills: \_\_\_\_\_

Organizational affiliations, clubs, etc. \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Conviction of a crime is not necessarily a bar to becoming a volunteer. Each case is considered separately based on volunteer requirements. Have you ever been convicted by any court of an offense? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Omit minor traffic infractions (Note: Drunken driving, reckless driving, hit & run are not minor infractions). Include juvenile, adult, and military offenses. If "yes", please furnish the following information:

Date	Offense	City/ State	Disposition



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**Automobile Insurance Information:** It is necessary for you to have the following insurance coverage for your protection should you transport another person:

Public liability: \$15,000-\$30,000/ Property Damage: \$10,000

Does your policy meet requirements: \_\_\_\_\_ Has your policy ever been cancelled, rescinded or lapsed?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone :\_(\_\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

What days and hours are you available?

MONDAY	FROM:	TO:
TUESDAY	FROM:	TO:
WEDNESDAY	FROM:	TO:
THURSDAY	FROM:	TO:
FRIDAY	FROM:	TO:
SATURDAY	FROM:	TO:
SUNDAY	FROM:	TO:



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Do you know or are you related to anyone who has been on Probation within the past 5 years? (If yes, please describe)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

State: \_\_\_\_\_ Crime \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

How close of a relationship do you have? \_\_\_\_\_

Do you know or are you related to anyone, adult or juvenile presently incarcerated? If yes, please describe)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

State: \_\_\_\_\_ Crime \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

How close of a relationship do you have? \_\_\_\_\_

Why are you interested in a volunteer position with the Sacramento County Probation Department?

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(If more room is needed, please attach an additional sheet)



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## References

Please give the names, addresses and phone numbers of two people for reference purposes. One must be a person who is neither a relative nor someone living with you.

Name \_\_\_\_\_

Address \_\_\_\_\_ City. \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Volunteer Permission

I \_\_\_\_\_ give permission for The Sacramento County Probation Department to request a reference for volunteering in Probation from the above named person(s)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Applicant's signature)

Name \_\_\_\_\_

Address \_\_\_\_\_ City. \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Volunteer Permission

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Signed \_\_\_\_\_ Date \_\_\_\_\_

(Applicant's signature)



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## VOLUNTEER RESTRICTIONS AND EXPECTATIONS

1. Volunteers are expected to conduct themselves, at all times, in a manner avoiding any hint of abuse of their official position.
2. Volunteers' identification cards shall not be used to personal advantage or to obtain services or information that is not directly related to their official duties.
3. Volunteers shall not accept gifts or money from anyone for personal benefit when related to their official duties.
4. All information concerning probationers/clients shall be strictly confidential, except in situations where the volunteer is mandated to report.
5. Volunteers shall not knowingly participate in any personal or business relationships with probationers/clients.
6. Volunteers shall not take any probationer/client on any departmental, social, recreational activity without prior departmental approval. If the probationer/client is of the opposite sex, there must be another staff or volunteer present.
7. Volunteers will report to the program coordinator in charge of their assignment any information they receive concerning
  - a. Criminal conduct of probationers
  - b. Abuse/neglect of children or elders
8. Volunteers shall abide by all the rules and regulations established for the specific probation unit to which they are assigned.
9. Violation of any of the above provisions may result in the volunteer being terminated from the program.

## VOLUNTEERS-IN-PROBATION COMMITMENT

*I hereby agree to offer my services as a volunteer/ student intern to 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 seat belts. If required, I am also willing to complete the training course. I will submit monthly reports to the Probation Department regarding my assigned responsibilities, and will keep all the information concerning probation clients **CONFIDENTIAL**. I further grant my permission for the Probation Department to make 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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Please indicate the program(s) for which you are volunteering:

- Mentoring- Bridge Building (post detention re-entry)
- Tutoring
- Visitor Assistance (SCBR – Youth Detention Facility)
- Recreational Program Assistance
- Office Support (clerical/office assistance)