



**JUVENILE JUSTICE and DELINQUENCY PREVENTION COMMISSION
(JJJPC)**

VOLUNTEER APPLICATION AND PERSONAL HISTORY

Print or Type

Department: <u>JJPC</u>	Position Desired: <u>COMMISSIONER</u>	
Location: <u>COUNTYWIDE</u>	Days and Hours Available <u>As needed</u>	
Full Name: _____		
Address: _____		
Number and Street	City	Zip Code
If you have used any other names and/ or aliases please list on the back of Application.		
Length of Residence in California: _____		
If Less Than 4 Years, List Previous Addresses: _____		

Cell Phone: _____	E-Mail Address: _____	
Date of Birth: _____	Social Security Number: _____	
Driver's License No.: _____	State: _____	Class: _____
Expiration Date: _____		
(List any known restrictions on the back of Application)		

EMPLOYER INFORMATION: List Current or Most Recent Employer First

1) COMPANY NAME: _____	PHONE: _____	
ADDRESS: _____		
Number and Street	City	Zip Code
FROM: _____	TO _____	
JOB TITLE/DUTIES: _____		

2) COMPANY NAME: _____	PHONE: _____	
ADDRESS: _____		
Number and Street	City	Zip Code
FROM: _____	TO _____	
JOB TITLE/DUTIES: _____		

3) COMPANY NAME: _____	PHONE: _____	
ADDRESS: _____		
Number and Street	City	Zip Code
FROM: _____	TO _____	
JOB TITLE/DUTIES: _____		

ALL APPLICANTS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK

1. Are you currently on any form of Probation or Parole? _____ Yes _____ No
2. Are any of your relatives/anyone residing in your home currently on probation/parole?
Yes _____ No _____
3. Have you ever been convicted of an offense other than a minor traffic violation? Yes _____ No _____
(A conviction record will not automatically disqualify you from a volunteer position)
4. Has your driver's license ever been suspended or revoked? _____ Yes _____ No
5. If you answered "Yes" to any of questions 1-4, provide the following information:

DATE OF OFFENSE	OFFENSE	SENTENCING DATE	DISPOSITION	CITY/STATE
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6. Can you perform the essential functions of the position(s)? _____ Yes _____ No
7. Do you currently have medical insurance? _____ Yes _____ No
If "Yes," please provide the following:

Carrier	Policy Number	Coverage Period
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The following question only applies to Applicants whose volunteer service requires the use of their personal vehicle.

8. Are you minimally covered for auto liability insurance as required by the State of California? _____ Yes _____ No
(If yes, please provide a copy of your current auto insurance declaration page.)
9. What past experiences have you had that you feel would help you to be an effective volunteer?

10. Why do you want to volunteer and what do you expect to gain personally from this experience?

11. What are your hobbies, interests, clubs and organization involvement?

Place of Birth: _____

Height: _____ Weight: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Have you ever been terminated or asked to resign? _____ YES _____ NO

If yes, where and when: _____

Please list 3 references, other than family members:

Full Name	Address	City/State/Zip	Phone #	Relationship to You & Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever applied for a peace officer position? _____ YES _____ NO

Volunteer positions you are interested in:

_____ JJDCP Commissioner (4 year appointment) _____ JJDCP Youth Commissioner (18-21 years old)

_____ Student Intern (3 month commitment)

Class for Internship: _____ Instructor monitoring Internship: _____

_____ Phone number _____

IN MAKING THIS APPLICATION VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I AM COMMITTING MYSELF TO YOUR PROGRAM FOR THE PERIOD AGREED UPON. I WILL NOT BE REIMBURSED FOR ANY OUT OF POCKET EXPENSES EXCEPT THOSE EXPENSES DESIGNATED APPLICABLE BY THE RIVERSIDE COUNTY JUVENILE JUSTICE AND DELINQUENCY PREVENTION COMMISSION BYLAWS. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL VOLUNTEERS AND THE RESULTS OF SUCH CHECKS ARE UTILIZED FOR THE SOLE PURPOSE OF EVALUATING THE SUITABILITY OF A VOLUNTEER TO COMMENCE OR CONTINUE PROVIDING VOLUNTEER SERVICES. I UNDERSTAND THAT MEETING THE MINIMUM QUALIFICATIONS TO BECOME A VOLUNTEER SHOULD NOT BE CONSTRUED AS MEETING THE MINIMUM QUALIFICATIONS FOR PAID POSITIONS. I ALSO UNDERSTAND THAT A VIOLATION OF CONFIDENTIALITY CONSTITUTES A MISDEMEANOR CRIMINAL OFFENSE AND I AGREE TO CONSCIENTIOUSLY ADHERE TO THE RIVERSIDE COUNTY PROBATION DEPARTMENT'S CONFIDENTIALITY POLICY AND CODE OF ETHICS. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

Riverside County Juvenile Justice and Delinquency Prevention Commission

Contact Information:

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