



# COUNTY OF SACRAMENTO

## Probation Department

8745 FOLSOM BOULEVARD, SACRAMENTO, CALIFORNIA 95826  
TELEPHONE (916) 875-0300



MARLON YARBER  
CHIEF PROBATION OFFICER  
COUNTY PAROLE OFFICER

To: Volunteer

Thank you for your interest in becoming a volunteer with the Sacramento County Probation Department Youth Detention Facility. You are assisting our Department by donating your time, talents and skills to provide programs and services to our clients and/or the community. By volunteering your time, you are an integral part of our department's mission to implement a balanced justice model that includes community empowerment to help restore victims and bring offender accountability and competency.

Before participating in department functions and programs, volunteers must undergo a screening process. An overview of the application process to start a volunteer assignment is outlined below.

1. The Volunteer submits the application to the Youth Detention Facility (YDF) Volunteer Coordinator.
2. If approved, the Coordinator forwards the application to the Live Scan Technician to schedule an appointment for fingerprints and photo identification.
3. The Volunteer must submit proof of Tuberculosis test and negative reading to the YDF Volunteer Coordinator.
4. If the background is approved, the volunteer's application and identification badge is sent to the YDF Volunteer Coordinator.
5. The Volunteer is scheduled for a Multi-Disciplinary Training, and updates as needed.
6. Upon completion of training, the volunteer receives their photo identification badge.
7. The volunteer is authorized to enter their assigned location as designated by the program coordinator.

Please forward volunteer applications to the following:

Youth Detention Facility volunteers:  
9601 Kiefer Blvd., Sacramento, CA 95827  
Attn: Programming Supervisor

Or email Supervising Probation Officer Maria Rivera at [RiveraMa@saccounty.gov](mailto:RiveraMa@saccounty.gov)

**Print or type clearly in ink. Complete all sections to avoid a delay in processing.**



# PROBATION VOLUNTEER APPLICATION



Name of Community Organization: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## Background Information

3. Do you know or are you related to anyone who has been on probation within the past 5 years? If so, please describe

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

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

4. Do you know or are you related to anyone, adult or juvenile, who is presently incarcerated? If yes, please describe

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

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

## Health clearance requirements

Please initial the following:

1. \_\_\_\_\_ I have submitted proof of a health clearance form which would verify tuberculosis (TB) testing (within the past 12 months) with this application. This is at the volunteers' own cost.

2. \_\_\_\_\_ I acknowledge I have had Measles (Rubeola), Mumps, Rubella, or Chickenpox sometime in my life.

**OR**

\_\_\_\_\_ I have not had one of the communicable diseases listed above but I have received immunization for Measles (Rubeola), Mumps, Rubella (MMR), and Chickenpox. Approximate date of Immunization \_\_\_\_\_

*Supporting Positive Change*



# PROBATION VOLUNTEER APPLICATION



## Volunteer Information

1. Where did you hear about us? \_\_\_\_\_
2. Why are you interested in a volunteer position with the Youth Detention Facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Expectations

**Please initial that you acknowledge and will abide by each expectation.**

1. \_\_\_\_\_ I will conduct myself at all times, in a manner avoiding any hint of abuse of my official volunteer position.
2. \_\_\_\_\_ I will not use my volunteer identification card for personal advantage or to obtain services or information that is not directly related to my official duties.
3. \_\_\_\_\_ I will notify the YDF Volunteer Coordinator immediately should my volunteer identification card get lost or stolen.
4. \_\_\_\_\_ I will not accept gifts or money from anyone for personal benefit when related to my official duties.
5. \_\_\_\_\_ I understand all information concerning probationers / clients shall be strictly confidential, except in situations where the volunteer is mandated to report.
6. \_\_\_\_\_ I will not procure relationships with residents in custody, or maintain contact with residents once they are released, beyond professional levels of contact.
7. \_\_\_\_\_ I will report immediately to the YDF Volunteer Coordinator in charge of my assignment any information I receive concerning A) criminal conduct of probationers or B) abuse and/or neglect of children or elders.
8. \_\_\_\_\_ I will notify the YDF Volunteer Coordinator if, at any time, I have knowledge that a relative or personal contact was booked at the Youth Detention Facility.
9. \_\_\_\_\_ I will abide by all the rules and regulations established for the specific probation unit to which I am assigned, including arriving on time and notifying a Probation program staff if I am unable to report as scheduled.
10. \_\_\_\_\_ I understand violation of the above provisions may result in my termination from the program.
11. \_\_\_\_\_ I understand Probation reserves the right to release a volunteer from service at any time.
12. \_\_\_\_\_ Upon the end of my assignment at YDF I will return my volunteer identification card to the YDF Volunteer Coordinator, and any other materials provided by YDF to complete my assignment.



# PROBATION VOLUNTEER APPLICATION



## Volunteers in Probation Commitment

*I hereby agree to offer my services as a volunteer / student intern with 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 seatbelts. I will complete the Multi-Disciplinary training provided by the Probation Department (Youth Detention Facility). I will submit monthly reports to the Probation Department regarding my assigned responsibilities and will keep all information concerning probation clients CONFIDENTIAL. I further grant permission for the Probation Department to conduct 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.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_