



RIVERSIDE COUNTY PROBATION DEPARTMENT

Volunteer Application and Personal History

Volunteer **Student Intern** **Credible Messenger** **CBO/Service Provider**

Indicate which Institution/Field Division you wish to participate in:

Juvenile Detention/Treatment Adult Field Services Juvenile Field Services

Name: _____
(Last) (First) (Middle)

Maiden Name or other names used: _____

Address: _____
(Number) (Street) (City, State and Zip Code)

Phone Number and Email Address: _____

Place of Birth: _____

Birthdate: _____ Social Security Number: _____

California Driver's License Number: _____ State: _____ Expires: _____

Automobile Insurance Information: _____

Education

Highest Level Completed
School: _____ City, State and Zip Code: _____

Current Employment

Occupation: _____
Employer: _____ Address: _____

Briefly State your reasons for wanting to volunteer for the Probation Department:



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Legal

(For any yes responses, please provide an explanation, use a separate sheet of paper)

1. Have you, as a juvenile or adult, ever been a) detained by law enforcement; b) been arrested including cases dismissed, fined, convicted, imprisoned; c) been placed on probation, had a suspended sentence; or d) forfeited bail in connection with any offense (misdemeanor or felony) in a criminal, civil, or military court of law? Include any current investigations or pending charges? Yes No

Information needed:

- Approximate Date
- Law Enforcement Agency
- Circumstances

2. Have you or your spouse/partner ever been referred to Child and/or Adult Protective Services? Yes No

3. Have you ever been the subject of an emergency protective order/restraining order/stay away order? Yes No

4. At any time in your life have you ever committed any of the following acts?

a. Battery/Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Brandishing and/or carrying a weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Falsification of public records including employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Viewing and/or possessing child sexual abuse material	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Within the past year, excluding the use of cannabis, have you used any of the following (but not limited to the substances below):

a. Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Designer Drugs (MDMA/Ecstasy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. GHB (Date Rape Drug)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Hallucinogens (LSD/Ketamine/Peyote)	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Heroin/Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. PCP (Angel Dust)	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Opioids (Fentanyl/Benzos/Oxy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Anabolic Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Inhalants (Glue/Aerosol/Nitrites/Gases)	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Other: _____	

6. Have you ever engaged in any of the following activities listed below involving drugs, narcotics, or illegal substances, including prescription drugs with or without prescription:

a. Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Manufactured	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Furnished	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Carried or Held for Another	<input type="checkbox"/> Yes <input type="checkbox"/> No





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- 7. Are any of your immediate family members, significant other, or anyone you reside with currently on probation or parole? Yes No
- 8. Have any of your immediate family members, significant other, or anyone you reside with ever been charged with or convicted of a misdemeanor or felony? Yes No
- 9. Do you have communication or contact with anyone presently incarcerated in a jail, prison, or other correctional facility? Yes No
- 10. Are any of your family members currently detained at a Riverside County Juvenile Detention/Treatment Facility? Yes No
- 11. Have you, your friends, associates, or any of your family members ever been a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religions, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

Do you have any additional concerns about the background investigation that has not been mentioned above? If yes, explain.

I hereby certify that all the statements made in this Volunteer Application and Personal History Statement are true and complete. I understand that any misstatement or omission of material facts will subject me to disqualification or dismissal.

Signature

Date

NO FEEDBACK WAIVER

I understand this background investigation is done for consideration for a volunteer, student intern, credible messenger, or CBO/Service Provider position within the Riverside County Probation Department.

I understand that I will be given NO FEEDBACK or results other than being notified of "passing" or "not passing." I acknowledge that these records are confidential and will be the property of the Riverside County Probation Department and will not be made available to any other agency.

If I am not recommended for a volunteer position, I understand that this means only that I did not meet the standards established for the position.

Print First & Last Name

Signature

Date

Riverside County Probation – Backgrounds Unit
Probationbackgrounds@rivco.org



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