



SAN BERNARDINO COUNTY PROBATION DEPARTMENT

TO PROTECT THE COMMUNITY...



MICHELLE SCRAY
Chief Probation Officer

San Bernardino County Probation
Volunteer Program Coordinator
175 West 5th Street / 4th fl.
San Bernardino, Ca 92415-0460

(909) 387- 2718 fax (909) 387-2745
volunteers@prob.sbcounty.gov
www.sbcounty.gov/probation

STUDENT INTERN PROGRAM

Qualifications

- Must apply and submit application 4 to 6 weeks prior to Internship start date.
- Must provide documentation-verifying enrollment in a college class, specifying quarter(s) and internship requirements.
- Must have a valid Student ID and California ID (*or*) Driver's License.

Must submit the above information with your application

Duties

Generally, a Student Intern will have limited duties assisting either Probation Officers in the community or Probation Corrections Officers in the institutions with their assignments, including investigative work, enforcing court orders, interviewing probationers and providing specialized services.

Application and Assignment Process

- Complete an application and submit it to the Volunteer Coordinator at the address indicated above. ***Incomplete applications will be returned.***
- You will be contacted to schedule fingerprinting and take photo for identification.
- You will receive a letter of notification to attend a mandatory 2-hour Confidentiality class.
- Upon clearance, you will receive notification by phone indicating the name and phone number of the officer/unit you will be assigned to. Telephone the officer indicated, and schedule a meeting, at which time you will sign a Memorandum of Understanding and receive your Student Intern Identification.
- The officer you are assigned to is responsible for signing-off your hours and evaluating your work.
- ***The Identification card issued is property of San Bernardino County Probation and must be returned upon completion of hours***

The Department retains full rights in choosing or rejecting an application at-will and is under no obligation to disclose reasons for their decision.



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FINGERPRINT APPLICATION

Type or Print Clearly in Ink / Complete all Sections. This information will remain confidential.

Student Intern

Name: _____ Aliases/Maiden: _____
(Last) (First) (Middle Initial)

SS # _____ DOB _____ Gender: M F

List any Social Security numbers, dates of birth or names by which you have been identified by:

California Driver's License # _____ Date of Expiration: _____

Ht: _____ Wt: _____ Eye Color: _____ Hair Color: _____ Race: _____

Place of Birth: _____ Country of Citizenship: _____

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

Home Telephone: _____ Work Telephone: _____

E-mail address _____ Cell Telephone: _____

Except for Minor Traffic Violations:

Have you ever been arrested for any violation of the law? YES NO

Have you ever been indicted for any violation of the law, YES NO

Or have you ever been a defendant in a criminal proceeding? YES NO

Have you ever been convicted of any violation of the law? YES NO

Have you, your significant other, or any members of your immediate family ever been on Probation or Parole? YES NO

If your answer is "Yes" to any of the above questions, explain including dates, locations, significant details:

I grant the Probation Department permission to conduct a background, criminal, and vehicle record check, which is standard procedure for all new employees and volunteers.

I acknowledge that if for any reason the Probation Department does not select me for volunteer work they are under no obligation to explain why. I also acknowledge if chosen for a volunteer position, including Associate Probation Officer, that I may be terminated or released from service at any time, without cause, and without right of appeal.

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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STUDENT INTERNSHIP REQUEST

This page will be forwarded to the Officer supervising your hours.

Name: _____ D.O.B. _____ Gender: M F

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

Home Telephone: _____ Work Telephone: _____

E-mail address _____ Cell Telephone: _____

Course Information (must complete)

College: _____

Course # and Title: _____

Dates of Semester/Quarter Term: _____ Hours required: _____

Name of Instructor: _____ Telephone: _____

Languages spoken fluently: _____

Special Skills/Abilities: _____

Do you have a particular interest, such as working in an institution or the community, with adults or with teenagers?

AREA PREFERENCE:

- San Bernardino
- Rancho Cucamonga
- Victorville
- Barstow
- Morongo Basin

Student Intern Understanding

I understand that the San Bernardino County Probation Department retains full rights in choosing or rejecting my application at-will and is under no obligation to disclose reasons for their decision.

SIGNATURE: _____

DATE: _____



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To the Officer supervising the Intern: First of all...Thank you! The Intern you are offering to supervise has been instructed to call you and set an appointment. Please issue them the attached Identification Card and have them sign this agreement.

Forward a copy of this agreement plus the I.D Card to the Recruiter in Support Services when the hours are completed

STUDENT INTERN MEMORANDUM OF UNDERSTANDING

I _____ *understand and agree to the following terms while serving the San Bernardino County Probation Department as a Student Intern:*

- I will respect the authority of the officer I am assigned to and coordinate all my activities through him/her.
- I will demonstrate ethical conduct and maintain professional manners with the public.
- I will use my identification card solely for the purpose of working on assignment, **and will turn it in to the officer supervising my hours immediately upon my completion or termination from the internship agreement.**
- I will dress in a neat manner projecting a professional and positive image.
- I will conduct myself in a manner that promotes the safety and welfare of our clients, staff and public.
- I will maintain confidentiality of all names and record information I am exposed to. And I will never access any information that I am not legally entitled to through the computer and data information systems made available to me. (Refer to laws: PC502; 11105; 13300; 11140-11144; 13301-13305; G.C. 6200); CVC 1808.45)
- I understand that I am an "at-will" volunteer without vested property rights in my position and may be terminated/released at any time, without cause, and without the right of appeal.
- If I observe any behavior that I suspect as Child Abuse or Elder Abuse, I will disclose the information to the officer supervising my hours immediately, and if so instructed, I will submit a report to the designated authorities *according the law PC11166 and 11166.5 and W&IC15630.*
- I will not drive an official or personal vehicle in the course of duties for the department.

Please sign this form with the Officer who is assigned to supervise your hours as your witness.

Signature

Date

Officer Supervising Intern

Date