



The following section is for the Probation portion of the YFC background.

**DO NOT MAIL** the Probation background application.

**Once the following section is completed, call the Probation Department (209) 525-5433 to set up an appointment.** Please bring the Probation portion of this packet to your appointment at Probation.

JJM/Probation Volunteer Packet

The Probation packet includes:

1. Stanislaus County Probation Department Personal History Statement.
2. Volunteer Conduct & Behavior Expectations Acknowledgement.
3. Volunteer Program Conduct & Behavior Expectations Manual. Which can be read and/or printed online at [http://www.scyfc.com/ministries/juvenile\\_justice\\_ministries/](http://www.scyfc.com/ministries/juvenile_justice_ministries/) and click on "Personnel Manual"
4. Employee/Volunteer/Contractor Confidentiality Statement.
5. Safety Overview for Volunteers (Power Point Presentation) Which can be viewed online at [http://www.scyfc.com/ministries/juvenile\\_justice\\_ministries/](http://www.scyfc.com/ministries/juvenile_justice_ministries/) and click on "PowerPoint"
6. Volunteer Safety Overview Acknowledgement
7. PREA Brochure
8. PREA Acknowledgemnet

Complete the Personal History Statement (#1), the Volunteer Conduct & Behavior Expectations Acknowledgement (#2) **\*Be sure to initial each line on the acknowledgment**, the Employee/Volunteer/Contractor Confidentiality Statement (#4) and the Volunteer Safety Overview Acknowledgement (#6)

**Contact the Stanislaus County Probation Department Human Resources Office at (209) 525-5433 to set an appointment to review your completed Probation packet and sign a Release and Waiver form.**

*Be sure to bring a valid California Drivers License with you for the review appointment.*

***For more information, contact:***

Stanislaus County Probation Dept.  
Human Resources  
2215 Blue Gum Ave  
Modesto, CA 95358  
(209) 525-5433

## STANISLAUS COUNTY PROBATION DEPARTMENT PERSONAL HISTORY STATEMENT

TO BE COMPLETED BY ALL VOLUNTEERS/INTERNS ASSIGNED TO THE PROBATION DEPARTMENT.

Fill out this questionnaire completely and accurately. All statements in your questionnaire will be verified. Incorrect or untruthful statements will disqualify you from placement in the department listed above. If the provided space is inadequate, add another page and identify additional information by item number. Please write legibly.

Under employment experience you must identify every employer you have worked for in the last **TEN** years. If you had an extended absence from work, please state the reason, unless the reason was because of a medical condition, or was related to a physical disability.

### PERSONAL INFORMATION:

1. Your Name:					
Last		First		Middle	
Other names (including nicknames) you have gone by:					
2. Current Address:					
Number		Street		City	State    Zip Code
3. Telephone Numbers:		Home: (    )		Work: (    )    Other: (    )	
4. Birth Date:		(Month) / (Day) / (Year)		5. Social Security Number:	
6. Place of Birth:		(City), (State)		7. ID Info:	(Height)    (Weight)    (Hair Color)    (Eye Color)
8. Driver's License / Identification Card Number:				(State)	(Number)    (Expiration Date)
9. Has your driver's license ever been suspended:				(    ) Yes (    ) No    if "Yes", please explain below:	

### RELATIVES & REFERENCES:

10. Please provide the following information regarding any marriage(s):				Write N/A if not applicable	
Name:	Birth Date:	Date Married:	Location Married:	Date and Location of Divorce:	

**RELATIVES & REFERENCES: (Continued)**

11. Please list every child born to you, adopted by you, or living with you:		
Name:	Birth Date:	With whom and where does this child reside:

12. Please provide the below information for every member of your immediate family (mother, father, brothers, sisters, or step relatives) who is still living: (Use additional sheets if necessary)				
Name:	Relationship:	Birth Date:	Address, City, State, Zip Code:	Phone Number:
				( )
				( )
				( )
				( )
				( )
				( )
				( )
				( )

**RELATIVES & REFERENCES: (Continued)**

13. Please list several people (other than relatives) who have knowledge of you and your qualifications:		
Name:	Address, City, State, Zip Code:	Phone Number:
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other
		( ) ( ) Work ( ) Home ( ) Other

**RESIDENCE HISTORY**

14. Please list every place you have lived for at least the last <b>TWO</b> years. Begin with your current address.					
Address, City, State, Zip Code:	Dates Lived Here		Own	*Rent	*If rented, give name and address of person responsible for collection of the rent.
	From: (Month/Year)	To: (Month/Year)			

**EXPERIENCE AND EMPLOYMENT HISTORY**

15. Beginning with your most current employment, list all jobs (including part-time, temporary, and volunteer positions) you have held in the past TEN years. If you have periods of unemployment, please list that in the spaces provided. Failure to disclose ALL employers during the last ten years will result in disqualification from placement with the Probation Department. Use additional sheets if necessary.

Name of Employer:		Address, City, State, Zip Code:	
From:	(Month/Year)	Last Salary: \$ _____	Phone: (    )
To:	(Month/Year)	Per: Hour, Month, Year ?	Job Title:
Describe Duties:		Supervisors Name:	
Reason for Leaving:			

Name of Employer:		Address, City, State, Zip Code:	
From:	(Month/Year)	Last Salary: \$ _____	Phone: (    )
To:	(Month/Year)	Per: Hour, Month, Year ?	Job Title:
Describe Duties:		Supervisors Name:	
Reason for Leaving:			

Name of Employer:		Address, City, State, Zip Code:	
From:	(Month/Year)	Last Salary: \$ _____	Phone: (    )
To:	(Month/Year)	Per: Hour, Month, Year ?	Job Title:
Describe Duties:		Supervisors Name:	
Reason for Leaving:			

Name of Employer:		Address, City, State, Zip Code:	
From:	(Month/Year)	Last Salary: \$ _____	Phone: (    )
To:	(Month/Year)	Per: Hour, Month, Year ?	Job Title:
Describe Duties:		Supervisors Name:	
Reason for Leaving:			

**EXPERIENCE AND EMPLOYMENT HISTORY**

16. Have you ever been fired or asked to resign from any job:	(    ) Yes (    ) No	If "Yes", please explain below:

**FINANCIAL HISTORY**

17. Have you ever filed for bankruptcy:	( ) Yes ( ) No
18. Do you have late payments or accounts in collections that are listed on your credit report:	( ) Yes ( ) No
19. Have you ever had any account turned over to a collection agency:	( ) Yes ( ) No
20. Have you ever had any vehicles or other property repossessed:	( ) Yes ( ) No
21. Have you ever been evicted:	( ) Yes ( ) No
22. Have you ever had your wages garnished/attached:	( ) Yes ( ) No
23. Have you ever been delinquent in income tax or other tax payments	( ) Yes ( ) No
24. If you answered <u>YES</u> to any of the above questions, or if you feel you need to explain any problems with your credit history or financial responsibility, please explain below:	

**LEGAL**

25. Have you ever been arrested or convicted of a crime (excluding traffic citations):		( ) Yes ( ) No If "Yes", please explain below:
Date of Arrest	Police Agency	Circumstances
26. Have you ever been placed on court probation as an adult:		( ) Yes ( ) No If "Yes", please explain below:

**LEGAL (Continued)**

27. Are you now, or have you ever been involved as a plaintiff or defendant in any civil court case:	( ) Yes ( ) No If "Yes", please explain below:
28. Do you, your spouse, or other family member have a Child Support case?	( ) Yes ( ) No If "Yes", please explain below:
Name as it appears on DCSS file: _____ Relationship: _____ Date of Birth: _____ County: _____ Case Number: _____	

**DRUG USE HISTORY**

29. Have you ever used, experimented with, tried, consumed, possessed, "held", transported, controlled, grown and/or manufactured any of the following drugs or substances, except as provided for by a written prescription issued by a licensed physician?	( ) Yes ( ) No If "Yes", please explain below:			
Type or Name of Substance	First Time (Month/Year)	Last Time (Month/Year)	Used One Time	Used More Than One Time
			(Check One)	
Marijuana				
Hashish, Hash Oil				
Cocaine				
Barbiturates				
Amphetamines (Speed, Uppers)				
Heroin				
L.S.D., S.T.P.				
Psilocybin, Peyote, Mushrooms				
Opium, Morphine, Base				
Steroids (injected or oral)				
Toluene (glue)				
Designer drugs, Synthetics				
Other:				

30. Indicate below any item or statement concerning your background which you feel is important and may affect your placement in this agency:

I hereby certify that all statements made in this questionnaire are true and correct and complete to the best of my knowledge, and I understand that any misstatements of material facts will subject me to disqualification from the hiring process or dismissal from employment.

I also understand that I will not be privileged to any information obtained during my background check. Likewise, I understand that if I am not selected or if I do not pass the background investigation, I will not be told the reason why.

Full Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Official Use Only:</b>	<b>(DO NOT WRITE IN THIS AREA)</b>		
Date BG Received:		Received By:	
Assigned to:		BG number:	
Date Completed:		Comment:	





**VOLUNTEER CONDUCT/BEHAVIOR EXPECTATIONS  
POLICY ACKNOWLEDGEMENTS**

The mission of the Stanislaus County Human Resources Unit is to create an environment that cultivates, attracts, and retains an outstanding workforce. The County also needs to keep our volunteers educated, informed, and up to date regarding what conduct and behavior is expected and anticipated. Presently, the County has over 3,000 employees who work in hundreds of different job classifications and are covered by rules and policies in the form of County Ordinances; Resolutions of the Board of Supervisors; Memorandum of Understanding with employee bargaining units; and County administrative rules, regulations and policies. Stanislaus County appreciates the skills of our volunteers and understands that your contributions allow County departments to provide services to our customers.

Stanislaus County has a Personnel Manual that clearly defines behavior expectations for employees as well as volunteers. Many of these policies were specifically designed to protect you, keep you safe and ensure your well being. As a condition of being a volunteer, you are responsible for reading and understanding the policies listed in the chart below. After you have read each policy, please put your initials in the far right column to confirm your understanding. If you have questions, or need additional clarification regarding a policy, please bring your questions forward to discuss with your Department Volunteer Coordinator prior to initialing the form. It is the responsibility of each volunteer to understand the policies. These policies and/or ordinances can be obtained in several ways. These methods include but are not limited to: The Personnel Manual located in each department; the Department Volunteer Coordinator, the Personnel Manual on-line at <http://www.stancounty.com/>; and/or by contacting the Chief Executive Office at 209-525-6333.

Policy/Ordinance	Location	Page Number	Initials
Employees Subject to Standards	Tab 16	Page 1	
Rules and Regulations Compliance	Tab 16	Page 1	
Employment of Relatives—Nepotism	Tab 16	Page 1	
Failure to Perform Duties	Tab 16	Page 1	
Other County Employment	Tab 16	Page 1	
County Employment During Vacation	Tab 16	Page 2	
Legal Services by County Employees	Tab 16	Page 2	
Outside County Employment—Moonlighting	Tab 16	Page 2	
Smoking in County Facilities	Tab 16	Page 3	
Smoking in County Vehicles	Tab 16	Page 3	
Code of Ethics	Tab 16	Page 4	
Gift Policy/Token of Appreciation	Tab 16	Pages 5-7	
Conflict of Interest Policy	Tab 16	Page 8	
Internet and E-Mail Policy	Tab 16	Pages 9-11	
Telecommunications Policy	Tab 16	Pages 12-15	
Harassment Policy	Tab 16	Pages 16-19	
Health Insurance Portability and Accountability Act—HIPAA	Tab 16	Page 20	
Language Policy	Tab 16	Page 21	
Political Activities Policy	Tab 16	Pages 22-25	
Information Technology Security Policy—End User Policy	Tab 16	Pages 26-39	
Use of County Vehicles, Aircraft and Other Transportation Equipment	Tab 16	Page 40	
Promotion of Religious Beliefs by Employees on the Job	Tab 16	Page 41	
Drug Free Workplace Policy	Tab 08	Pages 1-7	
Security and Violence in the Workplace Policy	Tab 18	Pages 7-26	
Whistleblower Policy	Tab 27	Pages 8-9	
False Health Care Claims Policy	Tab 27	Pages 10-16	

I certify that I have read, understand, or had explained to me, and agree to adhere to and follow the above referenced policies. I further understand that penalties for violations of any of these policies may include being released from my volunteer assignment. I understand that it is my responsibility to ask clarifying questions if I need assistance interpreting a policy.

PRINT FULL NAME (FIRST, MIDDLE INITIAL, LAST)	SIGNATURE:
AGENCY/DEPARTMENT	DATE SIGNED:



## Stanislaus County Probation Department

### Employee/Volunteer/Contractor Confidentiality Statement

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As an employee/volunteer/contractor of the Stanislaus County Probation Department, you may have access to the following types of confidential information:

**Criminal Offender Record Information (CORI)**

*Any information regarding a client's criminal offenses, including, but not limited to, Probation Department files, court reports, CLETS reports, incident reports, Department of Motor Vehicles record, etc.*

**Personal Client Information**

*Any personal information including, but not limited to, personal identity, family status, residence, health status /medical history, etc.*

**Confidential Personnel Information**

*Any information regarding a current, former or prospective employee's employment status, application history, job performance, work history, payroll record, discipline record, allegations/investigations of misconduct, medical history/health status, personal identity, family status, residence, etc.*

Client is defined as any person (minor or adult) who has been referred to or associated with services provided through the Stanislaus County Probation Department. Employee is defined as regular, part-time, contract or volunteer personnel employed with or working in partnership with the Stanislaus County Probation Department.

Confidential information is protected by departmental policies, as well as specific State and Federal laws and regulations. For further information, please refer to the reference citations regarding the protection of confidential information (see page 2).

During the course of your service with the Probation Department, you will be instructed on the types of confidential information that are necessary for you to access, copy, maintain, distribute or disclose in order to perform the functions of your work assignment. You are required to consult with your supervisor anytime you are unsure of the business necessity for you to utilize confidential information in your work assignment.

You are strictly prohibited from accessing, copying, maintaining, distributing, removing or disclosing any confidential information that is not necessary for you to perform the functions of your work assignment. Under no circumstances may you access, copy, maintain, distribute, remove or disclose confidential information for personal use.

**Accessing, copying, maintaining, distributing, removing or disclosing any confidential information not required for your work assignment is a violation of constitutional rights to privacy and may result in disciplinary action up to and including termination of employment, as well as civil, criminal and administrative penalties provided by law.**

(OVER)

**Volunteer Safety Overview**  
**Power Point Presentation Acknowledgment**

My signature below indicates that I have reviewed and understand the following topics contained in the Volunteer Safety Overview Power Point Presentation:

- General Safety Orders
- Injury Illness Prevention Program (IIPP)
- Driver's Authorization
- Hazard Communication
- Security/Violence in the Workplace

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## **How to Report Sexual Abuse and/or Sexual Harassment**

Inform the On Duty Supervisor or Officer of the  
Day at any of the department's facilities:

Juvenile Probation  
2215 Blue Gum Avenue  
Modesto, CA 95358  
(209) 525-5400

Juvenile Hall  
2215 Blue Gum Avenue  
Modesto, CA 95358  
(209) 525-4580

Juvenile Commitment Facility  
2215 A Blue Gum Avenue  
Modesto, CA 95358

(209) 567-4726

OR

Contact the Volunteer Coordinator at  
your assigned site

## **A Guide to the Prevention and Reporting of Sexual Abuse and Sexual Harassment with Probation Clients**



**For Contractors, Vendors, and  
Volunteers of the Stanislaus  
County Probation Department**



## Sexual Abuse and/or Sexual Harassment

Stanislaus County Probation is committed to maintaining an environment free from sexual abuse and sexual harassment of clients in its facilities. There is a zero tolerance for anyone to engage in any form of sexual abuse or sexual harassment of a client. In this definition, "staff" includes: contractors, vendors, and volunteers of the Stanislaus County Probation Department as well as staff from other Federal, State, and local jurisdictions. A "client" is defined as someone confined/detained in a detention facility.

Stanislaus County Probation Department defines sexual abuse or sexual harassment in accordance with Prison Rape Elimination Act (PREA) 2003. Forms of sexual abuse and/or sexual harassment include, but are not limited to:

- Any behavior of a sexual nature directed toward a client by a department staff, contract staff, or volunteer;
- In appropriate touching between client and staff;
- All completed, attempted, threatened, or requested sexual acts between department staff and client;
- Sexual Comments and conversations with sexually suggestive innuendos or double meanings; or
- Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation finding of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges.

In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

## An Abuse of Power

Due to the imbalance of power between a client and staff in correctional settings, sexual interactions between staff (who have power) and client (who lack power) are unprofessional, unethical, and illegal.

Some clients who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally, a client may try to use sex to improve his or her standing or circumstances (e.g., better job, avoid disciplinary actions, affect release plan, gain privileges, etc.)

As a Probation Department contractor, vendor, or volunteer, your designated assignment places you in a position of authority over the client with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have the responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect the success of the client, release dates, disciplinary actions, or other sanctions.

Because of the imbalance of power between the client and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and client. In fact, the law states "consent" is not a defense from prosecution and anyone under the age of 18 can not consent to sex with an adult.

## History of Victimization

Some staff do not think of a client as "victims" of sexual abuse and/or harassment, especially when the client appears to be a willing participant or even initiates the sexual or romantic interactions with a staff member. The client is always the victim because of the imbalance of power. The consent or willingness of a client to participate may be a survival strategy or a learned response to previous or current victimization.

Many clients have a history of victimization (physical or sexual abuse), which may make them especially vulnerable to the sexual overtures from a person in a position of authority. Their perception of affection/love may be

blended by this understanding of power, making it difficult for them to refuse advances of a staff member. In some instances, particularly for a female client, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in juvenile facilities and the community.

As a person in authority, it is your responsibility to discourage, refuse, and report any overtures as well as maintain professional boundaries at all times.

Boundaries in relationships can be difficult. If you question your professional boundaries with a client or feel uncomfortable with his or her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a Probation employee before it gets out of control.

## Red Flags:

The following are behaviors or "red flags" that may signal you that someone may be in danger of engaging in sexual misconduct with a client:

- Spending a lot of time with a particular client;
- Change in appearance of a client or staff member;
- Deviating from agency policy for the benefit of a particular client;
- Sharing personal information with a client;
- Doing favors for a client;
- Constantly volunteering for a particular assignment or shift;
- Coming to work early/staying at work late;
- Flirting with a client; and/or
- Overlooking infractions of a particular client.

# STANISLAUS COUNTY PROBATION DEPARTMENT

Jill Silva  
Chief Probation Officer



## Prison Rape Elimination Act of 2003 (PREA) Contactor/Vendor Training Acknowledgement

The Stanislaus County Probation Department is committed to maintaining an environment free of all forms of sexual abuse and sexual harassment for youth in the departments' juvenile facilities. The department has a zero tolerance for anyone engaged in any form of sexual abuse or sexual harassment of youths in the departments' juvenile facilities. Additionally, sexual abuse and sexual harassment is prohibited by Federal and State law.

I understand Stanislaus County Probation Department has a zero tolerance for Sexual Abuse and/or Sexual Harassment between staff and youth confined in Stanislaus County Probation Department Juvenile Facilities. Staff is defined as contractors, vendors, volunteers and employees.

I have been provided with a handout titled "A Guide to the Prevention and Reporting of Sexual Abuse and/or Sexual Harassment with Probation Clients". The handout explains the department's zero tolerance policy, how to report, and red flags of sexual abuse and/or sexual harassment. I have had the opportunity to discuss and ask any questions with the person listed as the witness on this form.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF / WITNESS SIGNATURE

\_\_\_\_\_  
DATE