



918 Sierra Drive, Modesto, CA 95351
Phone: (209) 522-9568, Fax: (209) 522-8621
www.scyfc.com

Thank you for your interest in participating with us as a Youth for Christ volunteer staff member. Before you begin the application process let me give you an outline of what the process entails.

Enclosed you will find...

- Please fully complete the [Youth for Christ–Central Valley Volunteer Application](#).
- Please have your pastor complete one of the [three Confidential Recommendation Forms](#), and the other two can be given to anyone you want.
- Along with the Confidential Recommendation forms, please give them a [return envelope](#) so they can be returned directly to Youth for Christ. One may also be used to mail your application to our office.
- **[ONLY for Juvenile Hall volunteers](#)**, please **[ALSO](#)** complete the [Stanislaus County Probation Department Background Investigation Forms](#) [or](#) [Merced County Volunteers in Probation Application](#). Please see the attached instructions.

There are also a few things that need to be done that are not contained in this packet...

Background Procedures

- Our background check is done online. In order to complete your volunteer packet and begin volunteering you will need to send this completed application and a check, or cash to Youth for Christ in the amount of \$25.00. This will allow us to process your background check.

And last but not least...

- **[An interview with the Director of the ministry for which you will volunteer](#)**. This is not as intimidating as it sounds!

Your involvement is critical to us here at Youth for Christ and with your help this process can be completed as quickly as possible. It is only with strategic involvement from well-equipped volunteers that we can effectively reach out to the thousands of kids who need to hear the Good News of Jesus Christ.

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Youth for Christ Central Valley to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position I am applying. I understand that Youth for Christ will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application will not be processed further.

Signature

Date

Name - Printed

918 Sierra Drive, Modesto, CA 95351
Phone: (209) 522-TEEN, Fax: (209) 522-8621
www.scyfc.com

Volunteer Application

All of us at Youth for Christ-Central Valley appreciate your interest in volunteering with us. In order to get to know you better, we would like a clear understanding of your background, work and volunteer history, and spiritual journey.

Date of Application: _____

1. Personal Information

Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Please list all states where you have lived in the last 10 years: _____

Birthdate: ___/___/___ Are you at least 18 years of age? ___Yes ___No

Occupation: _____

Social Security _____

Driver's License #: _____ State: _____

Languages Spoken: _____

Marital Status: Single Married Remarried Separated Divorced Widowed

Spouse's Name: _____

OFFICE USE ONLY (Please initial & date)

Received: _____ MV Review: _____ MD Review: _____

2. Area of Interest

YFC Ministry to which you are applying

Please specify days and hours available:

Date you are able to start: _____

Have you previously been employed by or volunteered for YFC? ___Yes ___No

If Yes, when and where? _____

Have you had any experience in any other Christian ministry? ___Yes ___No

If yes, when and where? _____

List name of any relatives or persons you know who are, or have been, employed by YFC:

Interests and

hobbies: _____

3. Current Position (Employment or Volunteer)

Company: _____ Telephone Number: _____

Supervisor Name: _____ Position: _____

How long have you been with this organization? _____

Summary of Duties: _____

May we contact this employer for a reference? ___Yes ___No

4. References

Please list three persons, who are not related to you, who are qualified to evaluate your capabilities and character. One of the references must be your Pastor.

Name/Address	Telephone#	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

5. Faith Background

Do you attend church regularly? ___Yes ___No

What church do you attend? _____

Church address: _____

Are you a member? ___Yes ___No

List your training or personal experiences that would help you in ministry to youth:

Describe when and how you became a Christian (attach additional pages if necessary):

Describe your Christian walk as it relates to your interest in YFC:

What are your strengths?

What are your weaknesses?

6. Criminal Record

Because our mission and purpose as a Christian ministry is to bring hope, love, and healing to young people and their families, it is of great importance that we endeavor at all times to build our team with people of the highest moral and spiritual character. To maintain our high standards, we must ask all applicants to be prepared to subject themselves to certain personal, employment and criminal background checks. For that purpose, please answer the following:

A. Have you ever been charged with, pled guilty or no contest to, or been convicted of any criminal violation of any type of sexual misconduct or abuse concerning a minor? ___ Yes ___ No

If yes, please explain:

B. Have you ever been convicted of, pled guilty or no contest to, or been convicted of any other criminal offense (misdemeanor or felony, other than a parking violation) in a court of Law?

___ Yes ___ No

If yes, please provide dates, location(s) and violation(s):-

C. Have you ever been disciplined, suspended or terminated by any organization due to allegations of any type of sexual misconduct or abuse? ___ Yes ___ No

If yes, please explain:

All of our staff and volunteers must affirm our Statement of Faith as follows:

1. We believe the Bible to be the inspired, the infallible authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory.
4. We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

I agree with and will adhere to the above Statement of Faith.

Signature

Date

Acknowledgment

I certify that the statements I have made are true and correct.

I understand that if accepted as a volunteer, I will be required to abide by all of YFC's policies, standards or regulations as established from time to time.

I authorize YFC to investigate any information provided in this application, and I agree to cooperate in such investigations. I further recognize and agree that, as a condition of acceptance as a volunteer, I consent to criminal, financial and motor vehicle background checks from federal, state and local agencies.

I hereby release YFC and all persons supplying information to YFC from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize my current employer and references to speak freely to YFC representatives and provide whatever information is required.

Signature

Date



918 Sierra Drive, Modesto, CA 95351
Phone: (209) 522-TEEN, Fax: (209) 522-8621
www.scyfc.com

CONFIDENTIAL RECOMMENDATION TO SUPPLEMENT PERSONNEL APPLICATION

Name of Applicant

Last Name	First Name	Middle Initial
-----------	------------	----------------

The Personnel Committee would appreciate a confidential statement from you concerning the applicant named above, evaluating his/her ability to undertake Christian ministry and his/her potential as a Christian leader.

How long have you known the applicant? _____

In what relationship? _____

To what degree do you expect the applicant to achieve his/her own goals?

Does s(he) have any outstanding interests or abilities?

Does the applicant reveal any major handicaps (physical, social, etc.)?

What is your estimate of the applicant's spiritual influence on his/her associates?

In what area(s) does the applicant have weaknesses that will need attention? (lacks initiative, procrastinates, etc.)

Do you have any reason for lack of confidence in this applicant? (i.e., sexual conduct)

What are the applicant's greatest strengths? (Be as specific as possible)

Please rate this applicant in comparison with others of his age and position whom you have known.

Quality	Superior	Above Average	Average	Below Average	Much Below Average	No Basis For Judgment	Comments:
Native Intellectual Ability							
Breadth of General Knowledge							
Expression/Speaking Ability							
Theological Insight							
Organizational Ability							
Desire to Serve God							
Willingness to Oppose Injustice							
Moral Stability							
Integrity							
Spiritual Maturity							
Kindness and Generosity							
Potential as a Leader							
Perseverance							
Effectiveness in Working with Others							
Past Performance as a Leader							
Uses Time Wisely							
Able to Accomplish Assigned Task							
Displays Initiative							
Punctuality							

In your opinion, is the applicant clearly suitable for youth ministry, evangelism and discipleship?

Please indicate whether your recommendation is given:

- With Reluctance
 Without Enthusiasm
 Fairly Strongly
 Strongly
 Enthusiastically

OTHER REMARKS: (Use back if needed)

Name: _____

Addresses: _____

City: _____ State: _____ Zip: _____

Position: _____

Home Phone: _____ Work Phone: _____

Signature _____

Date _____

CONFIDENTIAL: DO NOT RETURN TO APPLICANT. PLEASE MAIL THIS STATEMENT DIRECTLY TO YFC.

OFFICE USE ONLY (Please initial & date)

Received: _____ MV Review: _____ MD Review: _____



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 Kelly Valentine at 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.
4. Employee/Volunteer/Contractor Confidentiality Statement.
5. Safety Overview for Volunteers (Power Point Presentation)
6. Volunteer Safety Overview Acknowledgement

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) 525-4502 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) 525-4502

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
		() () Work () Home () Other

RESIDENCE HISTORY

14. Please list every place you have lived for at least the last TWO 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 YES 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:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

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	
<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	
26. Have you ever been placed on court probation as an adult:		() Yes () No	If "Yes", please explain below:
<hr/> <hr/> <hr/> <hr/>			

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:

Handwritten response area with horizontal lines for notes.

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: _____

Official Use Only:	(DO NOT WRITE IN THIS AREA)		
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

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