



TUOLUMNE COUNTY PROBATION DEPARTMENT

465 South Washington Street, Sonora, CA 95370
TEL 209-533-7500 FAX 209-533-7564

Linda Downey
Chief Probation Officer

Dan Hawks
Assistant Chief Probation Officer

Welcome and thank you for your interest in joining the Volunteers of the Mother Lode Regional Juvenile Detention Facility. We value and appreciate your willingness to help us and hope your experience is mutually rewarding.

The mission of the Mother Lode Regional Juvenile Detention Facility is to provide for the safe and supportive detention of youth requiring secure rehabilitative services. It is guided by the belief that high risk youth are capable of changing negative patterns of conduct through active participation in best practices and evidence-based programs empirically proven to promote positive change.

Please carefully review the enclosed Volunteer Application and the Waiver Agreement. Following are the steps in becoming a volunteer:

- Complete and return the enclosed application.
- Meet for a personal interview.
- Complete the Applicant Information section of the Request for Live Scan Service.
- Submit a background check through the Probation Department as required by the State of California.
- Attend the MLRJDF orientation and required training

Thank you for your interest in serving the community through your volunteer efforts at the Mother Lode Regional Juvenile Detention Facility.

Mike Arndt

Mike Arndt
Superintendent

Linda Downey

Linda Downey
Chief Probation Officer

Please return your completed application to the address below

-
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Administration – Adult Division
465 South Washington Street
Sonora, CA 95370
Telephone: 209.533.7500
Facsimile: 209.533.7564 | <input type="checkbox"/> Alternatives to Detention
1194 Highway 49
Sonora, CA 95370
Telephone: 209.694.2605
Facsimile: 209.694.2619 | <input type="checkbox"/> Juvenile Division
12784 Justice Center Dr.
Sonora, CA 95370
Telephone: 209.536.6700 | <input checked="" type="checkbox"/> Juvenile Institution
12784 Justice Center Dr.
Sonora, CA 95370
Telephone: 209.536.6700 |
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MOTHER LODGE REGIONAL JUVENILE DETENTION FACILITY VOLUNTEER APPLICATION

Last Name

First Name

Middle Initial

Address _____ City _____ Zip _____

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Driver's License: _____

Name and address of person who should be contacted in case of emergency:

_____ Phone: _____

Type of work desired: _____

Days of week available: _____ Hours: _____

Primary interest/skills: _____

Two personal references (non-relative): _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone : _____



MOTHER LODE REGIONAL JUVENILE DETENTION FACILITY VOLUNTEER APPLICATION

Please read carefully before signing. If you have any questions on this application, please ask for assistance.

Believing the Mother Lode Regional Juvenile Detention Facility has a need for my volunteer services, I agree to:

- Comply with all applicable State Regulations concerning privileged, and/or confidential information, which I may obtain directly or indirectly concerning Mother Lode Regional Juvenile Detention Facility, its youth, families, staff, and volunteers.
- I give permission to the Mother Lode Regional Juvenile Detention Facility/Probation to contact any or all of the references provided.
- Donate my personal time to the Mother Lode Regional Juvenile Detention Facility without contemplation of compensation or future employment.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I agree to comply with the policies and procedures as well as safety practices in all areas of MLRJDF. I understand that my volunteer services may be terminated at any time for failure to comply with the policies and procedures of MLRJDF, including;

- Absence without notification.
- Reasons of unsatisfactory attitude, personal appearance, or communication.
- Other circumstances which, in the judgment of MLRJDF, would make my continued service as a volunteer contrary to their best interests.

Waiver Agreement

I hereby release, indemnify, and hold harmless the Mother Lode Regional Juvenile Detention Facility, its directors, employees, successor, legal representatives and sponsors of all its activities, from any and all claims, cause of action, and liability arising from or in any way connected with my volunteer participation. I understand that I am expressly assuming all risk, including but not limited to injury and illness, associated with my volunteer participation. I, further, grant the MLRJDF permission to use, without cost, any photographs, video or audio taken of me during my volunteer services.

SIGNATURE OF VOLUNTEER

PRINTED NAME

DATE



MOTHER LODE REGIONAL JUVENILE DETENTION FACILITY VENDOR/CONTRACTOR/VISITOR PREA ACKNOWLEDGEMENT

PRINTED NAME: _____ **DATE:** _____

I certify I have viewed the Prison Rape Elimination Act (PREA) training materials in their entirety, explaining my responsibilities under the Mother Lode Regional Juvenile Detention Facility (MLRJDF) sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.

I certify I understand MLRJDF has ZERO-TOLERANCE toward all forms of sexual abuse and sexual harassment, and I am responsible for reporting any knowledge, suspicion, or information I receive about an incident of sexual abuse or sexual harassment.

If I should have any questions about training materials I receive in the future, I understand it is my responsibility to seek clarification from the MLRJDF's designated PREA Coordinator.

I understand and agree to abide by the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures explained in the training materials I received, including MLRJDF PREA policy and procedure and PREA brochure.

INITIAL:

_____ I have viewed the MLRJDF Staff PREA Educational materials.
_____ I understand the Department's position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge I will report any findings of sexual abuse or sexual harassment immediately.

Supplemental questions in regards to the Federal Prison Rape Elimination Act (PREA) of 2003:

Please circle yes or no to the following questions:

Have you ever engaged in any of the following behavior?

(1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997).

NO YES

(2) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

NO YES

3) Been civilly or administratively adjudicated to have engaged in the activity described in behavior (2) listed above.

NO YES

SIGNATURE

DATE

PREA COORDINATOR'S SIGNATURE

DATE



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address or P.O. Box

City State ZIP Code Address Street

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed