

US CITIZEN:  Yes  No

**KERN COUNTY PROBATION DEPARTMENT**  
**Volunteer Services**  
**2005 Ridge Road/PO Box 3309**  
**Bakersfield, CA 93385-3309**  
**(661) 868-4103**

OFFICE USE ONLY
BC Intern: _____
CSUB Intern: _____
VIP: _____
Affiliation: _____

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ALSO KNOWN AS: \_\_\_\_\_ MAIDEN \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

DRIVER'S LIC. #: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SS #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ SEX: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SKILLS: FOREIGN LANGUAGES: \_\_\_\_\_ SPEAK: \_\_\_\_\_ WRITE: \_\_\_\_\_  
COMPUTER  Yes  No TYPING: \_\_\_\_\_ wpm

CONVICTIONS  Yes  No CHARGES: \_\_\_\_\_

DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS OR PERSONS RESIDING IN YOUR HOME WITH CURRENT OR PRIOR PROBATION OR PAROLE STATUS?  Yes  No

**EDUCATION**

School	City/State	Dates	Degree Rec.
HIGH SCHOOL: _____			

COLLEGE: \_\_\_\_\_

MAJOR/MINOR: \_\_\_\_\_ SPECIAL SKILLS: \_\_\_\_\_

**WORK EXPERIENCE**

Employer	Job Title	City	State	Phone #	Supervisor	Dates: To/From	Reason for Leaving
1. _____							
2. _____							
3. _____							

HAVE YOU EVER BEEN FIRED, FORCED TO RESIGN OR REJECTED DURING PROBATIONARY PERIOD FROM ANY EMPLOYMENT? **IF YES, PLEASE EXPLAIN ON REVERSE SIDE.**

**REFERENCES - OTHER THAN EMPLOYER OR RELATIVE**

**(Complete address, zip code & phone number are required to process application)**

Name	Address/City/State/Zip	Phone #
1. _____		
2. _____		

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

Student Intern Approval: \_\_\_\_\_  
Authorized Academic Signature

# KERN COUNTY PROBATION DEPARTMENT

## AUTHORIZATION TO RELEASE INFORMATION

Having applied to volunteer with the Kern County Probation Department, I hereby voluntarily authorize any peace officer or other authorized representative of the Kern County Probation Department, bearing this release, within one year of its date, to obtain any information in your files pertaining to my employment, credit or educational records, including but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, and any and all internal affairs investigations and disciplinary records, credit records, and criminal justice records/reports, e.g., arrests, detentions, field citations and interviews, officer records, jail/custody booking records, traffic citations and accident reports, probation/parole reports and records, and any other information regarding my character or previous record including, information of a confidential or privileged nature, or any data or materials which may have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Kern County Probation Department.

Consent is granted for the Kern County Probation Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release all persons, organizations corporations, or entities from any and all charges and liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, specifically including Section 1054 of the labor Code.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that I have the right to receive a copy of this authorization.

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Signature

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Date

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Full Name (Please Print)

---

Telephone Number

---

Current Address, (including city, state, and zip code)

---

Witness Signature

---

Date

---

Witness Name (Please Print)