

**KERN COUNTY PROBATION DEPARTMENT**

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

Intern: \_\_\_\_\_  
School: \_\_\_\_\_  
VIP: \_\_\_\_\_  
Affiliation: \_\_\_\_\_

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

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

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

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

ARRESTS: \_\_\_ YES \_\_\_ NO CHARGES: \_\_\_\_\_

CONVICTIONS: \_\_\_ YES \_\_\_ NO CHARGES: \_\_\_\_\_

QUESTIONED/DETAINED BY LAW ENFORCEMENT: \_\_\_ YES \_\_\_ NO RE: \_\_\_\_\_

DO YOU HAVE ANY FAMILY MEMBERS WITH CURRENT OR PRIOR PROBATION OR PAROLE STATUS?  
\_\_\_ YES \_\_\_ NO RELATIONSHIP: \_\_\_\_\_ NAME: \_\_\_\_\_

DO YOU HAVE ANY PERSONS RESIDING IN YOUR HOME WITH CURRENT OR PRIOR PROBATION OR PAROLE  
STATUS? \_\_\_ YES \_\_\_ NO RELATIONSHIP: \_\_\_\_\_ NAME: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES/SIGNIFICANT OTHER CURRENTLY EMPLOYED BY THE PROBATION DEPARTMENT?  
\_\_\_ YES \_\_\_ NO IF YES, PLEASE PROVIDE NAME: \_\_\_\_\_

HAVE YOU **EVER** BEEN FIRED, ASKED TO RESIGN OR TERMINATED FROM **ANY** EMPLOYMENT?  
\_\_\_ YES \_\_\_ NO **IF YES, PLEASE EXPLAIN ON REVERSE SIDE.**

**EDUCATION**

School City/State Dates Degree Rec.  
HIGH SCHOOL: \_\_\_\_\_

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

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

Why do you want to be a Volunteer/Intern? \_\_\_\_\_

I am interested in volunteering in the \_\_\_\_\_ program at Probation.

Please list your availability (days/times):

MONDAY: \_\_\_\_\_ TUESDAY: \_\_\_\_\_ WEDNESDAY: \_\_\_\_\_ THURSDAY: \_\_\_\_\_ FRIDAY: \_\_\_\_\_

SATURDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_

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

Student Intern Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Academic Signature