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
Superintendent

Linda Downey
Chief Probation Officer

Please return your completed application to the address below
MOTHER LODE 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:____________________
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
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

ORIGINAL TO PREA COORDINATOR
# REQUEST FOR LIVE SCAN SERVICE

## 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**
- **Sex**  
  - **Male**
  - **Female**
- **Date of Birth**
- **Height**
- **Weight**
- **Eye Color**
- **Hair Color**
- **Place of Birth (State or Country)**
- **Social Security Number**

## Applicant Information:

- **Home Address or P.O. Box**
  **City**  
  **State**  
  **ZIP Code**

## 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**