



MICHELLE SCRAY BROWN  
Chief Probation Officer

CYNDI FUZIE  
Assistant Chief Probation Officer

175 West Fifth Street 4<sup>TH</sup> Floor  
San Bernardino, CA 92415-0460  
(909) 387-5857 or Fax (909) 387-5827  
[Volunteers@prob.sbcounty.gov](mailto:Volunteers@prob.sbcounty.gov)  
[www.sbcounty.gov/probation](http://www.sbcounty.gov/probation)

## **STUDENT INTERN PROGRAM** Applicant Qualifications

- Must apply and submit application 6 weeks prior to Internship start date.
- Must provide documentation-verifying enrollment in a college class, specifying quarter(s) and internship requirements.
- Must have a valid Student ID and California ID (or) Driver's License.

**Must submit the above information with your application**

### **Duties**

Generally, a Student Intern will have limited duties assisting either Probation Officers in the community, or Probation Corrections Officers in the institutions with their assignments, including investigative work, enforcing court orders, interviewing probationers, and providing specialized services.

### **Application and Assignment Process**

- Complete an application and submit it to the Volunteer Coordinator at the address indicated above. ***Incomplete applications will be returned.***
- You will be contacted to schedule an appointment for fingerprinting and to take a photo for identification.
- You will receive a letter of notification to attend a mandatory Confidentiality/PREA class.
- Upon clearance, you will receive notification by phone indicating the name and phone number of the Officer to whom you will be assigned, or unit to which you will be assigned. Your assigned Officer is responsible for signing-off on your hours and evaluating your work.
- ***The Identification card issued is property of San Bernardino County Probation and must be returned upon completion of hours***

***The Department retains full rights in choosing or rejecting an application at-will and is under no obligation to disclose reasons for that decision.***



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**FINGERPRINT APPLICATION**

*Type or Print Clearly in Ink / Complete all Sections. This information will remain confidential.*

Student Intern

Name: \_\_\_\_\_ Aliases/Maiden: \_\_\_\_\_  
(Last) (First) (Middle Initial)

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

List any Social Security numbers, dates of birth or names by which you have been identified:

California Driver's License #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Except for Minor Traffic Violations:**

Have you ever been arrested for any violation of the law?  YES  NO

Have you ever been indicted for any violation of the law,  
or have you ever been a defendant in a criminal proceeding?  YES  NO

Have you ever been convicted of any violation of the law?  YES  NO

Have you, your significant other, or any members of your immediate  
family ever been on Probation or Parole?  YES  NO

If your answer is "Yes" to any of the above questions, explain including dates, locations, and significant details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I grant the Probation Department permission to conduct a background, criminal, and vehicle record check, which is standard procedure for all new employees and volunteers.*

*I acknowledge that if, for any reason, the Probation Department does not select me for volunteer work, they are under no obligation to explain why. I also acknowledge if chosen for a volunteer position, including Associate Probation Officer, that I may be terminated, or released from service at any time, without cause, and without right of appeal.*

*I hereby certify that all statements made on this application form are true to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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### STUDENT INTERNSHIP REQUEST

*This page will be forwarded to the Officer supervising your hours.*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender:  M  F  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Course Information (must complete)

College: \_\_\_\_\_

Course # and Title: \_\_\_\_\_

Dates of Semester/Quarter Term: \_\_\_\_\_ Hours required: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

Special Skills/Abilities: \_\_\_\_\_

Do you have a particular interest (such as working in an institution or the community) with adults, or with teenagers?  
\_\_\_\_\_

#### AREA PREFERENCE:

- San Bernardino       Rancho Cucamonga       Victorville  
 Barstow       Morongo Basin

### Student Intern Understanding

*I understand that the San Bernardino County Probation Department retains full rights in choosing or rejecting my application at-will and is under no obligation to disclose reasons for that decision.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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**To the Officer supervising the Intern:** First of all ... Thank you! The Intern you are offering to supervise has been instructed to call you and set an appointment. Please issue them the attached Identification Card and have them sign this agreement.

**Forward a copy of this agreement plus the I.D Card to the Recruiter in Support Services when the hours have been completed.**

### STUDENT INTERN MEMORANDUM OF UNDERSTANDING

I, \_\_\_\_\_, *understand and agree to the following terms while serving the San Bernardino County Probation Department as a Student Intern:*

- I will respect the authority of the Officer to whom I am assigned, and will coordinate all my activities through him/her.
- I will demonstrate ethical conduct and maintain professional manners with the public.
- I will use my identification card solely for the purpose of working on assignments, **and will turn it in to the Officer supervising my hours immediately upon my completion or termination from the internship agreement.**
- I will dress in a neat manner, projecting a professional and positive image.
- I will conduct myself in a manner that promotes the safety and welfare of our clients, staff, and public.
- I will maintain confidentiality of all names and record information to which I am exposed, and I will never access any information that I am not legally entitled to access through the computer and data information systems made available to me. (Refer to laws: PC502; 11105; 13300; 11140-11144; 13301-13305; G.C. 6200; CVC 1808.45)
- I understand that I am an "at-will" volunteer without vested property rights in my position and may be terminated / released at any time, without cause, and without the right of appeal.
- If I observe any behavior that I suspect to be Child Abuse or Elder Abuse, I will disclose the information to the Officer supervising my hours immediately, and if so instructed, I will submit a report to the designated authorities *according to the law (PC11166 and 11166.5 and W&IC15630).*
- I will not drive an official or personal vehicle in the course of duties for the department.

**Please sign this form with the Officer who is assigned to supervise your hours as your witness.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Supervising Intern

\_\_\_\_\_  
Date