



**JUVENILE JUSTICE and DELINQUENCY PREVENTION COMMISSION  
of SAN BERNARDINO COUNTY**

**175 West Fifth Street, 4<sup>th</sup> Floor, San Bernardino, California 92415-0460**

(909) 387-5838 • Fax (909) 387-6116 • [jjdpc@prob.sbcounty.gov](mailto:jjdpc@prob.sbcounty.gov).

**Commissioner Application**

Please complete the following application and return to either a JJDP Commissioner or the Coordinator in order for you to be considered for the Juvenile Delinquent Prevention Commission of San Bernardino County. *All information will be kept confidential.* Please write or print clearly. Thank you.

**Submittal Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_  
\_\_\_\_\_

**Last                      First**

**Driver's License #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Auto Insurance Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**P.O. Box:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Empl. Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**If Retired, Previous Business or Profession:** \_\_\_\_\_

**Are you available for Commission meetings on the second Wednesday of each month from 3pm to 5pm?**

**Yes**                       **No**

**Can you participate on inspections of juvenile facilities that might require your time either midweek, in the evenings or on the weekends?**

**Yes**                       **No**

**Summarize your education and experience related to youth or youth activities that you feel are important and relevant to the responsibilities and role of a Commissioner:**

**Why would you like to serve as a Juvenile Justice and Delinquency Prevention Commissioner?**

(Attach additional pages if necessary)

**References**  
(Please list three)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Submit to:** **JJDPC Coordinator**  
**c/o San Bernardino County Probation Department**  
**175 W. 5<sup>th</sup> St., 4<sup>th</sup> Floor**  
**San Bernardino, CA 92415-0460**  
[jjdpc@prob.sbcounty.gov](mailto:jjdpc@prob.sbcounty.gov)



TRACY REECE  
Chief Probation Officer

JULIE FRANCIS  
Assistant Chief Probation Officer

San Bernardino, CA 92415-0460  
(909) 387-5838 or Fax (909) 387-6116

[jjdpc@prob.sbcounty.gov](mailto:jjdpc@prob.sbcounty.gov)

[www.joinprobation.org](http://www.joinprobation.org)

**FINGERPRINT APPLICATION**

*Print Clearly in Ink / complete all sections. This information will remain confidential.*

Name: \_\_\_\_\_ Aliases/Maiden: \_\_\_\_\_

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: \_\_\_\_\_

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 to volunteer work, they are under no obligation to explain why. I also acknowledge if chosen for a volunteer position, 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 \_\_\_\_\_