



# Twin Falls County Juvenile Probation VOLUNTEER PROGRAM Diversion Program Application

Name:

First

Middle

Last

Maiden

Address:

Street/P.O. Box

City

State

Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Can you be contacted at work? YES / NO Work Phone: \_\_\_\_\_

Can you commit a minimum of four hours per month to the Diversion Program? ☐ YES ☐ NO

Do you agree to stay in the Diversion Program for one full year? ☐ YES ☐ NO

Do you have any prior experience with volunteer work? (Please explain—use the other side if necessary.)

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How did you discover our volunteer opportunity?

☐ United Way 211 Care Line ☐ Newspaper Ad ☐ Word of Mouth ☐ Other \_\_\_\_\_

Please complete the entire application and return it to:

David T. Overacre  
P.O. Box 126  
Twin Falls ID 83303-0126  
[david.overacre@tfcj.org](mailto:david.overacre@tfcj.org)  
Phone: (208) 736-4215 ext.: 3120  
Fax: (208) 736-4222

Please list three (3) references who have known you for at least one (1) year, one of whom is work-related. Do not use relatives or employers. Please list complete addresses and phone numbers.

1) Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Street

City

State

Zip

Relationship to Applicant \_\_\_\_\_

Number of Years Known \_\_\_\_\_

2) Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Street

City

State

Zip

Relationship to Applicant \_\_\_\_\_

Number of Years Known \_\_\_\_\_

3) Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Street

City

State

Zip

Relationship to Applicant \_\_\_\_\_

Number of Years Known \_\_\_\_\_

## **VOLUNTEERS RIGHTS, RULES, & RESPONSIBILITIES**

In volunteering with the Twin Falls County Juvenile Probation, you enter into a partnership with this agency. This partnership is based on mutual respect and need, and must take into account the rights, rules, and responsibilities of all parties. To the extent that the rights, rules, and responsibilities are identified and protected, and mutual needs are met, the partnership will be a rewarding one. The following is a list of the elements considered essential in the partnership.

### **VOLUNTEER'S RIGHTS**

- To be treated as a co-worker.
- To be given a suitable assignment with consideration for personal preference, temperament, life experience, education, time frames, and employment background.
- To be informed about the Juvenile Probation Department's policies, programs, and staff.
- To receive training for assignments.
- To receive guidance, direction, and supervision from staff who are experienced, well-informed, and who have the time to invest in giving guidance.
- To receive the necessary information to assist you in carrying out any assignment(s).
- To feel free to make suggestions and to have respect granted for honest opinions.
- To receive recognition through expressions of appreciation and support.

### **VOLUNTEERS' RESPONSIBILITIES**

- To be a loyal and dependable part of the team.
- To be honest about your expectations, qualifications, limitations, and to decline work you cannot commit to completing. To be aware of your biases and the potential impact they may have on your work, and be open to personal growth.
- To learn about the Twin Falls County Juvenile Probation Department and the responsibilities of your role.

- To maintain regular contact with the Diversion Coordinator and participate in training considered necessary for you to be effective, including participation in ongoing training to assist your growth and development on the job.
- To accept supervision and guidance, and to provide relevant information and feedback to staff.
- To share recognition with staff, and to recognize your partnership role with the staff.
- To abide by the Volunteer Code of Ethics.
- To participate in program evaluation by providing information and feedback to staff.
- To be sensitive to others and not promote any religion or political point of view.

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Volunteer

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Date

# Volunteer Agreement

I \_\_\_\_\_, will conscientiously do my best to serve the Court and the community as a representative of Twin Falls County Juvenile Probation. I agree to provide services to the department as authorized, and to abide by the laws, rules, regulations, policies, procedures, and Mentor Code of Ethics.

Serving as a mentor, I will demonstrate cooperation, use good judgment, and uphold the legal standards of our community.

I understand that there are rules, regulations, and laws regarding privacy, confidentiality, and security by which I am bound. I will not disclose and I will keep confidential any information, records, files, papers, and/or communication to which I gain access in the course of my volunteer duties. I will not disclose any information except to those recognized by the Court.

I do hereby authorize a review of and full disclosure of all records of information concerning myself to any duly authorized agent of Twin Falls County Juvenile Probation. I understand that any information obtained during a background investigation will be considered in determining my suitability for volunteering to work with youth in the Twin Falls County Juvenile Probation Diversion program. I hereby release and hold harmless from any liability any person(s) or entity who may furnish such information concerning me. I hereby release and hold the County of Twin Falls and any of its agents or employees harmless from any liability for any actions taken by the County or Twin Falls in this regard. I further authorize that a photocopy of this release form, signed by me, will be valid as an original writing of my signature.

The undersigned also agrees that:

- (1) I agree I am not obligated, if called upon, to participate in the Diversion program.
- (2) I agree that TFCJP is not obligated to accept this applicant into the Diversion program.
- (3) I agree that additional information may be required.

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Signed

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Date

## **Volunteer Code of Ethics**

1. I will never do anything to compromise the trust placed in me by the youth, their parents, Twin Falls County Juvenile Probation, or the community.
2. I will always keep any information that I may have access to confidential unless required by law to disclose the information.
3. I will never put any youth in a harmful or dangerous situation.
4. I will never use my role as a volunteer improperly for personal gain or advantage.
5. I will respect the personal, religious, and political views of any youth and his or her family.
6. I will treat all the people with whom I may have contact with dignity and respect.
7. I will honor my time commitment of 4-8 juvenile contacts a month to be spent as a volunteer for Twin Falls County Juvenile Probation.
8. I will abstain from the use of alcohol, tobacco, and illegal substances when I am with any youth as a volunteer.
9. If I choose to end my volunteer relationship with Twin Falls County Juvenile Probation, I will give notification to the Diversion Coordinator in writing, with a phone call or in person.

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Signed

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Date

**TWIN FALLS COUNTY JUVENILE PROBATION DEPARTMENT**

650 Addison Ave. W., Ste.#3100

Twin Falls, Idaho 83301

**CRIMINAL HISTORY CHECK REQUEST  
AUTHORIZATION AND SELF-DECLARATION FORM**

*To be completed by the individual who is the subject of the background and criminal history check.*

1. Name: Last First Middle Suffix						2. Social Security Number		
3. Date of Birth MO DAY YR	4. Place of Birth	5.Citizenship	6.Race	7. Sex	8. Eyes	9. Hair	10.Weight	11.Height
12. List Former Name(s) Alias/AKA & Maiden:		LAST NAME(S) ONLY:						
13. Current Residence: Street Address City County State From Date To Present								
14. List all cities and states, or foreign countries where you lived in the past 10 years.								
<p>If you answer <b>YES</b> to any of the following questions, a <b>Statement of Explanation</b> must be provided. Please include the date, location, type of conviction and court action for each answer (<b>use an additional sheet of paper if necessary</b>).</p> <p>15. Have you ever been convicted of a crime, as an adult or juvenile? Yes_____ No_____</p> <p>Explanation:</p> <p>16. Do you have any criminal charges or warrants pending against you? Yes_____ No_____</p> <p>Explanation:</p> <p>17. Have you ever had your name placed on an adult or child abuse register? Yes_____ No_____</p> <p>Explanation:</p> <p>18. Have you ever had your Driver's License suspended or revoked? Yes_____ No_____</p> <p>Explanation:</p> <p>19. Have you ever been fingerprinted? Yes_____ No_____</p> <p>Explanation:</p>								
<p>I authorize the Twin Falls County Juvenile Probation Department to obtain background and criminal history information from all sources deemed necessary and release it as required without liability. Initial:_____</p> <p>I understand if I have been convicted of any crime, I may be contacted by the Juvenile Probation Dept. and asked to provide court documents and/or dispositions. Initial:_____</p> <p>I certify the information recorded on this form and the attachments (if applicable) is true and correct to the best of my knowledge. Initial:_____</p> <p>Finally, I understand I am signing this document under penalty of perjury. I also understand that fraud or misrepresentation in my answers may serve as the basis for denial of service as a volunteer. Initial:_____</p>								
Signature of Applicant			Home Phone: Work Phone:			Date		
Signature of Coordinator			Organization			Date		