

AUXILIARY PROBATION OFFICER APPLICATION

Having carefully considered the opportunity and responsibility involved, I hereby offer my services as a Auxiliary Probation Officer. I agree to complete the prescribed training course. I also agree to submit reports to the Auxiliary Probation Officer Coordinator monthly to document my services.

Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Home Address: _____
Street City State Zip

Work Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Alternate E-Mail: _____

University/College: _____ Year Graduated or Expected Graduation: _____

Other Education: _____ Major: _____ Minor: _____

Occupation and Name of Company: _____

Do you have a high school diploma? _____ Other education? _____

How long have you lived in Jefferson County? _____ Arkansas? _____

Have you lived anywhere besides Arkansas in the last ten years? _____ YES _____ NO

If yes, list county and state: _____ How long did you live there? _____

Hobbies, special skills, other volunteer work and community involvement: _____

What is your interest in volunteering at Juvenile Court? _____

Have you ever had a juvenile delinquency, FINS, or truancy case? Yes No If so, where? _____

If so, please explain the details about the case: _____

Have you ever been arrested for a crime? _____ If so, please explain: _____

Have you ever been convicted of a crime? _____

Have you ever been accused or arrested for excessive force? _____ If so explain: _____

Do you have any judgments currently pending against you? _____ If so explain: _____

Have you ever been terminated for misconduct from an employer? _____ If so explain: _____

Have you used any control substance within the last 5 years? _____ Please explain: _____

Have you volunteered in other capacities before? Yes No If so, where? _____

_____ What were your duties? _____

How long? _____ What did you gain from that experience? _____

Do you have any special abilities or talents that you believe will benefit the APO Program and the juveniles with whom we work? _____

Do you speak any other language (s)? _____

Are you proficient in American Sign Language? _____

Where did you hear about the Auxiliary Probation Officer Program? _____

List three references (include address and phone number):

I certify that the above information is correct and true. I understand that references will be contacted and a police check will be processed.

Signature

Date

**Return to: Jefferson County Juvenile Center
Auxiliary Probation Officer Program
301 E. Second Ave.
Pine Bluff, AR 71601**

I agree to the following:

1. I will be interviewed, and agree to a review of my past history and current situation. I am willing to provide additional information not included on my application form.
2. I understand that I must pass a criminal history check. I hereby authorize such a confidential investigation. In addition, I understand an updated criminal history check may be requested at any time while in the Auxiliary Probation Officer Program.
3. I understand that I must pass a Central Registry Child Maltreatment Check. I hereby authorize such a confidential investigation. In addition, I understand an updated Central Registry check may be requested at any time while in the Auxiliary Probation Officer Program.
4. I understand that I must maintain a valid driver's license while in the Auxiliary Probation Officer Program. I further understand that my driver's license cannot be suspended and that I cannot have a DWI/DUI conviction.
5. I agree that I may be issued a formal badge (does not include ID card). I agree to return the badge and identification card if I am requested to do so.
6. I understand that I must not make statements on behalf of 11th Judicial District West/ Sixth Division Circuit Court(Jefferson and Lincoln Counties).
7. I agree, upon acceptance to the Auxiliary Probation Officer Program, to attend an initial orientation session prior to assignment of a case.
8. I agree, upon acceptance to the Auxiliary Probation Officer Program, that I will meet with my matched juvenile weekly.
9. While with my matched juvenile, I pledge to conduct myself in every way as a good citizen. I will not engage in any activities that would reflect negatively on me as a role model or on the sponsoring program as a whole.
10. I agree to maintain contact with the Auxiliary Probation Officer Coordinator by phone or in person. I will keep updated as to the progress of my probationer, and I will call the Auxiliary Probation Officer Coordinator when there is an emerging concern or to communicate any problems when they occur.
11. I understand that the program is not obligated to assign me a child if, in the program's professional judgment, it would not be in my best interest or the best interests of the children served by the program.
12. I understand that if problems occur with the juvenile that I cannot resolve, I may request to be taken off the case.
13. **I understand that as an Auxiliary Probation Officer I am forbidden to carry a weapon or handcuffs when visiting with a probationer.**
14. **I understand that as an Auxiliary Probation Officer, I shall have no arrest power.**

15. I will report to the Auxiliary Probation Officer Coordinator immediately the possibility or existence of abandonment , physical abuse, sexual abuse or exploitation, neglect or parental unfitness of any juvenile assigned to me. The Auxiliary Probation Officer Coordinator will report to the Department of Human Services as required by A.S.A. Section 9-27-303 (23) and 12-12-504 (a).
16. I understand that I cannot file for unemployment benefits if I am terminated or voluntarily exit the Auxiliary Probation Officer Program, or the Breaking the Cycle Program.
17. I understand that as an Auxiliary Probation Officer I will work well with others.
18. As a participant of the Auxiliary Probation Officer Program, I understand that I may be required to provide a urine and/or breath sample at any time upon request. Such screens will be conducted for the purpose of determining the presence of mood altering substances.
19. I agree to provide a urine sample that is my own and that all urine screens are to be observed by a same-sex member of the Sixth Division Circuit Court Staff.
20. Attempts to adulterate a urine sample (including dilution) are considered a violation and will result in immediate dismissal from the program.
21. I have read the above and/or have had the above read to me and understand the drug testing requirements of the Auxiliary Probation Officer Program.

Signature

Date

Auxiliary Probation Officer Coordinator

Date

Termination, Resignation, And Leave

1. Any Auxiliary Probation Officer, without exemption by the Auxiliary Probation Officer Coordinator, who (1) does not agree to supervise at least one probationer, (2) fails to satisfactorily perform assignments, or (3) fails to attend three regularly scheduled meetings without excuse during any twelve-month period will be terminated from the Auxiliary Probation Officer program.
2. Any Auxiliary Probation Officer engaging in sexual misconduct, emotional or physical abuse or punishment, sabotaging the goals of the program, unable to work with parent(s) of the juvenile, or harboring a truant may be terminated from any further involvement in the Auxiliary Probation Officer program.
3. Any Auxiliary Probation Officer whose own child is placed on probation will be placed on inactive status until that child turns 18 or the probation period ends.
4. Any Auxiliary Probation Officer arrested shall be suspended from the program until acquitted. Any Auxiliary Probation Officer convicted of a crime shall be terminated after being reviewed by the Auxiliary Probation Officer Coordinator.
5. Any Auxiliary Probation Officer who allows a juvenile to reside in his/her home overnight will be terminated immediately from the Auxiliary Probation Officer program.
6. Any Auxiliary Probation Officer may take a leave of absence by submitting a written request to the Auxiliary Probation Officer Coordinator. Leave is good for a maximum of six months. Any leave over six months will be considered a resignation. The Auxiliary Probation Officer Coordinator may grant an additional six months leave if requested.

I have read each and every rule, and I am willing to adhere to all of these policies.

Signature

Date

Auxiliary Probation Officer Coordinator

Date

**ELEVENTH JUDICIAL DISTRICT-WEST
SIXTH DIVISION OF CIRCUIT COURT
JUVENILE DIVISION
301 EAST SECOND AVE.
PINE BLUFF, AR 71601
PHONE: (870) 541-5455/FAX: (870) 541-5464**

**EARNEST E. BROWN, JR.
CIRCUIT JUDGE**

**RODERICK O. SHELBY, SR.
CHIEF OF STAFF**

CRIMINAL HISTORY

I hereby give my permission for Jefferson County Juvenile Court to obtain a routine criminal history on me. I understand this information is requested by the Court in the screening of Auxiliary Probation Officers and will be kept confidential.

Name: _____ Race: _____ Sex: _____

Address: _____
Street City State Zip

Date of Birth: _____ Driver's License Number: _____

A COPY OF THE DRIVER'S LICENSE MUST BE INCLUDED WITH THE APPLICATION

If you have resided in another state within the last ten years, please provide the following information:

Previous Address: _____
Street City State Zip

Were You A Licensed Driver? _____ Yes _____ No

Signature

Date

Auxiliary Probation Officer Coordinator

Date

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL
INFORMATION CONTAINED WITHIN THE ARKANSAS
CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

I hereby request that the Arkansas Child Abuse and Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. This information should be addressed to: **APO Coordinator; Sixth Division of Circuit Court Jefferson County Juvenile Court; 301 East Second Street, Pine Bluff, AR 71601**

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (Print)	Social Security Number
Maiden Name/ Aliases	Full Name/ Age of Children
Race	Full Name/ Age of Children
Age/DOB	Full Name/ Age of Children
Addresses since 1977:	Full Name/ Age of Children
From _____ to <u>PRESENT</u>	Full Name/ Age of Children
From _____ to _____	Full Name/ Age of Children
From _____ to _____	Full Name/ Age of Children
From _____ to _____	Signature

County of _____) SS
State of Arkansas)

Acknowledged before me, this _____ day of _____, 20__.

Notary Public