

JOHN NAPPER
Presiding Superior Court Judge

ANNA YOUNG
Presiding Juvenile Court Judge



Arizona Superior Court

YAVAPAI COUNTY JUVENILE JUSTICE CENTER
1100 PRESCOTT LAKES PARKWAY
PRESCOTT, ARIZONA 86301

GAY A. LOCKLING
Director of Juvenile Court Services

DIANA BERRA
Volunteer Coordinator

PHONE (928) 771-3156
FAX (928) 771-3445

Volunteer Applicant Information Sheet

Last Name First Middle Female/Male

Social Security and Driver's License Date of Birth

Please submit a copy of Driver's License (both front and back).

Street Address City State Zip

Home Phone Work or Cell Phone Email

Educational Background: (please circle highest level) High School Some College Undergraduate degree

Graduate Degree Currently attending school Certificate Diploma

Do you have any physical limitation requiring accommodations? Yes or No

If yes, please list needs:

Are you fluent in any languages other than English? Yes or No If Yes, what language? _____

Do you have special skills, training, or experience to share with us? Describe briefly. _____

Please note: when you turn in your application, we will need to take a set of fingerprints along with a photo for your picture I.D.

Please contact the Volunteer Coordinator at your earliest convenience to set up an appointment for the requirements. (928) 771-3156.

Thank you for your interest in volunteering at the Yavapai County Juvenile Justice Center!



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(928) 771-3156

CERTIFICATE OF UNDERSTANDING CONDITIONS OF VOLUNTEERING

I understand that my volunteering with the Yavapai County Juvenile Court imposes certain requirements on me, which I acknowledge and accept. These requirements are:

1. As a representative of the Court, I must conduct myself in such a manner as to preclude any public embarrassment as a result of my personal or professional actions. I accept the responsibility of keeping my personal as well as professional behavior above reproach in appearance as well as in fact.
2. If I use my private vehicle for my duties, I must maintain proper insurance coverage.
3. In connection with my volunteering, I may be required to successfully complete a polygraph examination, urinalysis test, and psychological examination. I may be required to successfully complete a physical examination and/or a credit check.
4. Volunteering with the Juvenile Court is conditional on the results of a criminal history, fingerprint and driving records check. I shall submit fingerprints to the Director of Juvenile Court Services prior to volunteering.
5. I shall abide by all facility policies and procedures including those related to confidentiality.
6. No outside materials are permitted in the detention center without prior approval, including personal materials, written materials, phones, weapons, sharp objects, or anything that has the potential to be used as a weapon.
7. For all volunteers:
 - A. I certify I am not awaiting trial on and have never been convicted of or admitted to committing any of the following criminal offenses in this state or similar offenses in another state or jurisdiction whether or not the conviction has been sealed or expunged:
 - 1) Sexual abuse of a minor
 - 2) Incest
 - 3) First or second degree murder
 - 4) Kidnapping
 - 5) Arson
 - 6) Sexual assault
 - 7) Sexual exploitation of a minor
 - 8) Contributing to the delinquency of a minor

- 9) Commercial sexual exploitation of a minor
 - 10) Felony offenses involving distribution of marijuana, dangerous or narcotic drugs
 - 11) Burglary
 - 12) Robbery
 - 13) A dangerous crime against children as defined in section 13-604.01
 - 14) Child abuse
 - 15) Sexual conduct with a minor
 - 16) Molestation of a child
- B. I certify that I am not currently on probation and have not had any new contact with the law.
- C. I certify that I am not awaiting trial for or have not been convicted of a felony offense in this state or a similar offense in another state or jurisdiction whether or not the conviction was sealed or expunged.
- D. I certify that I am not awaiting trial for, or have not been convicted of the following misdemeanor criminal offenses in this state or similar offenses in another state or jurisdiction:
- 1) A violent misdemeanor offense, including an offense that involves domestic violence;
 - 2) A DUI within the last 36 months, or more than one DUI;
 - 3) More than one offense while legally intoxicated within 36 months.
- E. I certify that I have never sold, produced, manufactured, cultivated or transported any illegal substance or drug.
- F. I certify that I have never been disciplined for more than one incident for use of alcohol during previous employment.
- G. I certify that I have never been dishonorably discharged from the United States Armed Services.
- H. I certify that I have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- I. I certify that I have not been civilly adjudicated of engaging in sexual activity by force, overt or implied threats of force, or coercion, or when a victim was unable to consent or refuse.
- J. I certify that I will agree to immediately disclose any such conduct as described in all categories above during the course of my volunteering.
8. I understand that I shall notify the Director of Juvenile Court Services any time I am the subject of any of the following and that failure to do so may result in my dismissal from employment:

- A. DUI;
 - B. Involved as a suspect in any situation under investigation by any law enforcement agency
 - C. Citation for a misdemeanor or felony offense;
 - D. Arrest;
 - E. Conviction;
 - F. Order of protection; and
 - E. Warrant.
9. I agree to hold harmless the State of Arizona, Yavapai County, Yavapai County Juvenile Justice Center and its employees or agents from all claims, loss, liabilities, cost, damage, expense and causes of action of whatever kind and nature, arising out of, or from, any accident or other occurrence causing injury to me or my property during my participation as a volunteer.
10. Volunteers who perform professional services shall be certified or licensed pursuant to state standards.
11. Juvenile Court Services may curtail, postpone, or discontinue the services of any volunteer or any volunteer organization at any time.

THIS DOCUMENT MUST BE NOTARIZED; DO NOT SIGN WITHOUT A NOTARY PRESENT.

My signature on this document signifies that I understand and am willing to accept these conditions of volunteering. I further understand that this document is not a volunteering contract. My signature further certifies that I have not been involved in situations described in Section 7, A-I, of this document.

Signature of Applicant

Date

State of Arizona)
County of Yavapai)

Subscribed and sworn to before me this _____ day of _____, 20____

My commission expires:

NOTARY PUBLIC OR DEPUTY CLERK

Gay Lockling
Director of Juvenile Court Services



Risk Management Division

VOLUNTEER REGISTRATION FORM

Page 1 of this form is to be completed by the Volunteer: (Please print)

VOLUNTEER NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work / activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program (except for volunteers covered pursuant to A.R.S. 23-901.06). Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place, Risk Management has a purchased volunteer accident medical and AD&D program. Claim forms can be obtained by selecting link.

Do you have health insurance? Yes No If yes, please provide the following information:

Health Insurance Carrier: _____ Policy #: _____

I have carefully read and understand the information above. The information that I have provided on this form is correct.

Volunteer Signature

Date

The Supervisor must complete page 2 of this form



Risk Management Division

VOLUNTEER REGISTRATION FORM
(CONTINUED)

The Supervisor must complete this page

VOLUNTEER NAME: _____

VOLUNTEER DUTIES: _____

START DATE: _____ END DATE: _____

STATE AGENCY: _____

DIVISION: _____

SUPERVISOR NAME: _____ PHONE: _____

SUPERVISOR TITLE: _____

VEHICLE INFORMATION

	Yes	No
Will the volunteer be driving a State owned or rented vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, will this vehicle be an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked the volunteer's Motor Vehicle Record?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have previous experience driving an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, describe experience: _____		
Has the volunteer successfully completed the mandatory 15-passenger van training course?	<input type="checkbox"/>	<input type="checkbox"/>
Expiration date of the Van Certification Card:		

Supervisor Signature

Date

YAVAPAI COUNTY JUVENILE JUSTICE CENTER
1100 Prescott Lakes Parkway, Prescott AZ 86301
10 South 6th Street, Cottonwood AZ 86326

ACJIS/JWI CRIMINAL HISTORY RESEARCH REQUEST

NAME _____

LAST

FIRST

MIDDLE

DOB _____ S.S.#: _____ RACE _____ SEX _____

HEIGHT: _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ALIASES (Names, DOB's, SSN's) _____

DRIVER'S LICENSE #: _____ STATE _____

PURPOSE OF REQUEST _____

FULL NAME OF PERSON REQUESTING _____

PROBATION SUPERVISOR APPROVAL: _____

DEPARTMENT

PROBATION

DETENTION

DATE SUBMITTED _____

DATE NEEDED _____

ACJIS CRIMINAL HISTORY EMPLOYMENT QUERY SEARCHES:

AHSR _____

AHQH _____

Driver's license info _____

SID # _____ FBI # _____

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Juvenile Court Services Volunteer/Intern OATH/AFFIRMATION OF CONFIDENTIALITY

I, _____, understand that I will be presented with confidential information through my participation as a volunteer or intern and I agree to hold in strictest confidence any information, including names of individuals or arrest incidents that I observe through my volunteering or intern service.

I further understand that, as a volunteer or intern, if I divulge any confidential information attained through volunteering or my involvement as an intern, my participation will be terminated.

Volunteer/ Intern

Date



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VOLUNTEER JUDICIAL CODE OF CONDUCT

Dear Volunteer:

The Judicial Code of Conduct is required for all employees and volunteers. The Judicial Code of Conduct is available to you through the following web address:

<http://www.azcourts.gov/portals/137/rules/Arizona%20Code%20of%20Conduct%20for%20Judicial%20Employees.pdf>

By signing here, you are verifying that the Code of Conduct has been made available to you and that you have had the opportunity to read it in its entirety.

I, _____, verify that I have read the Judicial Code of Conduct and understand that as a volunteer with the Juvenile Justice Center, I will adhere to the policies outlined within the Code of Conduct.

Signature _____

Date: _____

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MEMORANDUM

TO: Providers and Volunteers

FROM: Daniel Peña
Detention Manager

RE: The Prison Rape Elimination Act of 2003

The Prison Rape Elimination Act of 2003 has been designed to protect adult inmates and juvenile detainees from all forms of sexual abuse during their confinement in a secure institution. Our goal is to keep our youth safe and free from sexual abuse, sexual harassment, and sexual assault. Local detention standards passed in 2016 requires that we inform you of the process in the event one of our juvenile detainees shares information of concern with you during your time here at the Yavapai County Juvenile Detention Center.

In the event a juvenile makes a report of abuse to you, we ask that you contact the detention manager or any member of management as soon as possible. I can be contacted at (928) 442-5676 or by email at dpena@courts.az.gov. Any member of management can be contacted at (928) 771-3156 in the event I am not available. There is also a Third Party Reporting form and pamphlet located in the JJC lobby and in detention visitation. These forms detail multiple different options that you have available to you to report any allegations of abuse.

I acknowledge receiving this information and agree to report any juvenile information of abuse to management:

Signature

Date

Printed Name

- Paid Provider
- JCI Volunteer
- 12-Step Volunteer
- Religious Volunteer
- School Volunteer
- Mentor Volunteer
- Other: _____

ARIZONA DEPARTMENT OF CHILD SAFETY
DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be **typed or printed**. Any form missing information or containing information which is not legible will be **returned to the requesting agency**.

Employers: Return the completed form via secured email to dcscentralregistry@azdcs.gov within five (5) business days of hire and upon license renewal. This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AGENCY Yavapai County Juvenile Justice Center	REQUESTING AGENCY EMAIL ADDRESS dberra@courts.az.gov	
MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results) 1100 Prescott Lakes Parkway, Prescott, AZ 86301		
APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.)	SOC. SEC. NO.	DATE OF BIRTH (mm/dd/yy)
OTHER NAMES USED (Including nicknames and maiden names)	FINGERPRINT CLEARANCE CARD OR APPLICATION NO.	
APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)		

New Hire Rehire Volunteer Renewal

POSITION	DATE EMPLOYED
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Solicitation No. _____ Contract/Extension No. _____ Tracking No. _____

EDUCATION	EXPERIENCE
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Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? Yes No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? Yes No

If Yes: • **What** was the allegation(s)? _____
 • **When** was the investigation(s) conducted? _____
 • **Where** was the investigation(s) conducted? _____

If you wish to provide additional information please use reverse side.

STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE	DATE
--------------------------------	------

FOR DCS USE ONLY

DATE RECEIVED	CPS/CR Substantiated Reports Date Checked _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Disqualifying <input type="checkbox"/> Non-Disqualifying Report No. _____ Code _____	Fingerprint Clearance Card Status Date Checked _____ <input type="checkbox"/> Valid Level 1 <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Denied <input type="checkbox"/> Driving Restricted Card No. _____ Expiration _____
NAME/SIGNATURE OF PERSON COMPLETING SEARCH		

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.