

JOHN NAPPER  
Presiding Superior Court Judge

ANNA YOUNG  
Presiding Juvenile Court Judge



TARA NEWMAN  
Director of Juvenile Court Services

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

# Arizona Superior Court

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

## 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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1100 Prescott Lakes Parkway, Prescott, Arizona 86301  
(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

\_\_\_\_\_  
Tara Newman  
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 6<sup>th</sup> 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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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, will be searched through the DCS Central Registry for Employment, and the DPS Fingerprint Clearance Card databases.

Create an account here: [cbc.az.gov](http://cbc.az.gov)

Choose Individual/Personal. This will guide you through the process of setting up an account.

Once that is complete, log into your account to start the background process.

There will be three choices, choose Employment.

It will ask for the employer's email address, please use [jlongstreth@courts.az.gov](mailto:jlongstreth@courts.az.gov)

When asked if a fingerprint clearance card is required, choose no.

Next will be the request type, choose both DCS and APS.

You will then fill in your information and answer a few questions. Please leave "date employed" blank.

Feel free to reach out with any questions.