



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

**APPLICATION PACKAGE**

**LAW STUDENT / NONCERTIFIED POST-BAR /  
UNDERGRADUATE  
VOLUNTEER PROGRAM**

If you are interested in becoming a Law Student, Noncertified Post-Bar, or Undergraduate Volunteer at the San Bernardino County District Attorney's Office, please complete this application and mail the original back to:

**San Bernardino County District Attorney  
Staff Development Unit  
303 West Third Street, 5th Floor  
San Bernardino, CA 92415-0511**

All applicants are subject to a criminal background check.

The application process, including the background investigation, requires four to six weeks, and sometimes longer, to complete.

If you have any questions after reviewing or submitting an application, please email: [lawvolunteers@sbcda.org](mailto:lawvolunteers@sbcda.org).



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

**LAW STUDENT / NONCERTIFIED POST-BAR /  
UNDERGRADUATE VOLUNTEER APPLICATION**

I am applying for:     Spring 20\_\_\_\_     Summer 20 \_\_\_\_     Fall 20 \_\_\_\_

**CONTACT INFORMATION**

Date:		
Name:		
Address:		
City:	State:	Zip:
Home Phone: (    )	Cell Phone: (    )	
Please PRINT E-mail address:		

**EDUCATION**

<input type="checkbox"/> High School	<input type="checkbox"/> Junior College	<input type="checkbox"/> College/University	<input type="checkbox"/> Graduate School
<input type="checkbox"/> Vocational/Specialty:		Degree(s) Obtained:	

**LANGUAGE(S) and SKILLS**

Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which language(s):
Explain any special skills:

**EXPERIENCE**

Please describe any legal/law enforcement experience you have:		
I am applying as a:		
<input type="checkbox"/> Law Student Volunteer	Law School name	What year are you in?
<input type="checkbox"/> Noncertified Post-Bar Volunteer	Law School name	Date Bar exam taken?
<input type="checkbox"/> Undergraduate Student Volunteer	Major:	College/University name
Why do you want to volunteer at the District Attorney's Office?		

**AVAILABILITY**

Start date:	End date:
Days of the week available:	Hours available:
Which office(s) are you interested in:	
<input type="checkbox"/> Morongo/Joshua Tree	<input type="checkbox"/> San Bernardino
<input type="checkbox"/> Rancho Cucamonga	<input type="checkbox"/> San Bernardino – Appellate Services Unit
<input type="checkbox"/> Victorville	
Due to the sensitive nature of the work in the District Attorney's Office, a background check will be required.	
Do you have any objection? <input type="checkbox"/> Yes <input type="checkbox"/> No	



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

**FINAL STATUS**

- Approved  
 Denied

By: \_\_\_\_\_

Date: \_\_\_\_\_

SEND RESULTS TO:

\_\_\_\_\_

Phone#: \_\_\_\_\_

**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I fully recognize that the San Bernardino County District Attorney's Office ("SBDA") will inquire into all areas of my background, which may affect my suitability to be employed by a law enforcement agency. I hereby authorize SBDA to investigate my past record and to obtain any and all information concerning my record or character from present and past employers, personal references, and all persons from whom SBDA determines to have relevant information. Moreover, I hereby exonerate, release, and discharge such persons or entities, and its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by SBDA.

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN OR PRIOR NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City State Zip

TIME AT THIS ADDRESS: \_\_\_\_\_ years \_\_\_\_\_ months

HOME TELEPHONE NUMBER ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER & EXPIRATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
Mo. Day Yr. City State

CURRENT EMPLOYER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_  
 DATE OF EMPLOYMENT: \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_  
 DATE OF EMPLOYMENT: \_\_\_\_\_

Have you ever been arrested or convicted of any criminal offense (whether adult or juvenile, sealed or expunged)?  Yes  No  
 If yes, list offense, date and court of jurisdiction: \_\_\_\_\_  
 Explain the circumstances: \_\_\_\_\_

**Please list all previous addresses you have had for the last ten years.**

Date From / Date To	Street	City	County	State

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material fact will subject me to disqualification or dismissal. I also understand that my work with the District Attorney's Office is contingent upon successful completion of this background investigation. I further understand that I will not be provided, nor am I entitled to, an original or a copy of the background information provided as a part of this background investigation.

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

**INVESTIGATION RESULTS**

CNI	DMV	CII



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

**LAW STUDENT / NONCERTIFIED POST-BAR /  
UNDERGRADUATE VOLUNTEER AGREEMENT**

1. I understand that I will not be paid for providing services as a volunteer.
2. I agree not to divulge any information obtained in the course of volunteer work to unauthorized persons. I understand unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code.
3. I understand that if I am injured while performing as a volunteer, I must immediately report the injury to my supervisor.
4. I understand that, as a volunteer, I will be covered through the County's self-insurance program for public liability losses while performing volunteer work.
5. I understand that, as a volunteer, I shall be deemed an employee of the County for Worker's Compensation purposes only while performing volunteer work, unless I am an unpaid student volunteer/intern from an accredited college or university.
6. I understand that I must have a valid California Driver's License and carry the State's minimum vehicle liability and property damage insurance for my personal vehicle if my volunteer services involve travel on County business.
7. I agree to follow all County policies and practices regarding conduct and ethics, which apply to County employees.
8. I understand I am an at-will volunteer and my services may be terminated at any time without cause and without right to appeal.

***I have read this agreement. I understand and agree to abide by all terms listed above.***

---

Please **PRINT** Name

---

Please **SIGN** Name

Date



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

## **CONFIDENTIALITY AND WORK ETHICS AGREEMENT**

The District Attorney's Office is responsible for the prosecution of criminal cases. Like the permanent San Bernardino County District Attorney staff, as a volunteer worker, you have an obligation to the public we serve to maintain the highest ethical standards in both personal and official conduct.

### **CONFIDENTIAL INFORMATION:**

During your assignment as a volunteer, you may become privy to sensitive and/or confidential information. Remember that official business of the District Attorney's Office is confidential. Do not discuss or give official information to anyone other than those persons for whom the material is intended, as directed by your supervisor or as required by law. Disclosure of certain sensitive and/or confidential information may subject you to liability and/or prosecution.

### **IDENTIFICATION:**

You will be issued an identification card that will authorize you to enter the District Attorney's Office facilities. You will be held personally responsible for this identification. Please immediately report it to your supervisor if the identification card is lost. Misuse of official identification is a violation of the law.

### **SAFETY POLICY:**

The District Attorney's Office regards the personnel of this office as its most valuable asset. The reduction of on-the-job injuries and damage to San Bernardino County property is an essential part of an efficient operation. The practice of safety and the prevention of accidents shall be the responsibility of all members of the District Attorney's Office. If you are injured on the job, please immediately report the injuries to your supervisor.

### **TIMECARDS:**

The District Attorney's Office is required to record and maintain the number of volunteer hours worked. Your supervisor will provide you with the appropriate form to complete so that your total hours worked may be submitted on a weekly basis to your supervisor. The hours will then be forwarded to your permanent volunteer file. The District Attorney reserves the right to terminate your volunteer work without cause.

### **WORK ETHICS:**

As a volunteer at the District Attorney's Office, you are expected to report to work in a timely manner and call in promptly to the appropriate supervisor when you are not able to report to work. You are to check in with your supervisor for daily work assignments, unless otherwise instructed. Work assignments may be interrupted and you may be given a new assignment when a priority task needs to be completed. Work assignments are expected to be completed in a timely manner. Report any concerns to the appropriate supervisor.



**COUNTY OF SAN BERNARDINO  
OFFICE OF THE DISTRICT ATTORNEY  
MICHAEL A. RAMOS, DISTRICT ATTORNEY**

**CONFIDENTIALITY & WORK ETHICS AGREEMENT (Page 2)**

**APPEARANCE & BEHAVIOR:**

Clean business casual clothing and comfortable shoes are permitted, unless going to court or instructed otherwise. If you will be making a court appearance, you must adhere to the San Bernardino County District Attorney dress code for attorneys. Please leave assigned work areas clean before leaving for the day and always treat others professionally and respectfully.

*I have read this agreement. I understand and agree to abide by all terms listed above.*

---

Please **PRINT** Name

---

Please **SIGN** Name

Date

**Thank you for your interest in the San Bernardino County District Attorney's Office.  
With the effort of dedicated volunteers like you, our office will continue to enjoy its image  
of public trust and professionalism!**