

# Shasta County Juvenile Rehabilitation Facility VOLUNTEER CLEARANCE

~ Applicant: ALL Requested Information Is REQUIRED ~ Today's Date >         

**Organization / Affiliation >**   
**Coordinator / Facilitator >**  **Phone >**

**Applicant >** (Last)  (First)  (Middle)   
**Address >** (Street)  (City)  (Zip)   
**Phone >** (Home)  (Cell)  (Other)   
**Soc Sec # >**  **Driver's Lic # >**   
**Date of Birth >**    **Sex >**  **Ht >**  **ft**  **in**  **Wt >**  **lbs**

**Driving Record**

**Probation History**

**Parole History**

**Applicant Signature >** **X**  **Signature Date >**

**“HITS”** **Applicant: This section for PROBATION ONLY  
DO NOT WRITE BELOW THIS LINE!**

**WPS**

**LI**

**CJIS / NCIC**

**PROBATION**

**PAROLE**

**Organization / Affiliation Check**

**Mandatory Volunteer Orientation** **X**  **Completion Date >**     
STAFF CERIFICATION SIGNATURE

**Approved By >**  **Today's Date >**

**Denied by >**  **Today's Date >**