

OFFICE OF JUVENILE AFFAIRS



VOLUNTEER MANUAL

Rev. 8-2007

STATE OF OKLAHOMA
OFFICE OF JUVENILE AFFAIRS

APPLICATION FOR VOLUNTEER SERVICES

PERSONAL

NAME: _____
(Last) (First) (M.I.)

(Birth date) (Sex) (Race) (Driver's License Number)

(Home Address) (City) (State) (Zip) (Phone)

(Employers Address) (City) (State) (Zip) (Phone)

(E-mail address) (Alternative Phone Number)

IN CASE OF EMERGENCY CONTACT: _____
(Name and Relationship to you)

(Home Address) (City) (State) (Zip) (Phone)

Have you or any member of your family or household ever been arrested for or convicted of a criminal action other than a minor traffic violation? Yes _____ No _____

If yes, explain _____

E-mail address: _____

EDUCATION

Please circle last year completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate Degree? Yes _____ No _____

Degree(s) and subject areas? _____

Business or Trade School? _____

Other Training? _____

Previous or Current Occupation(s): _____

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APPLICATION FOR VOLUNTEER SERVICES

INTERESTS

Have you ever participated in any work with youth? Yes _____ No _____

If yes, please list the organization and type of work you did:

1. _____
2. _____
3. _____
4. _____

Have you done any other kind of volunteer work? Yes _____ No _____

1. _____
2. _____
3. _____
4. _____

Interests, hobbies, skills: _____

Do you speak fluently any language other than English? Yes _____ No _____

If yes, please specify: _____

Briefly, why do you wish to be a volunteer? _____

How did you hear about the volunteer program? _____

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APPLICATION FOR VOLUNTEER SERVICES

REFERENCES:

Please list three character references. At least two should be non-relatives you have known for more than two years. Must be complete information.

1. _____
(Name) (Relation/ years known)

(Address) (City) (State) (Zip)

(Area Code) (Phone Number) (Occupation)

2. _____
(Name) (Relation/ years known)

(Address) (City) (State) (Zip)

(Area Code) (Phone Number) (Occupation)

3. _____
(Name) (Relation/ years known)

(Address) (City) (State) (Zip)

(Area Code) (Phone Number) (Occupation)

I certify that the above information is correct and true to the best of my knowledge. I authorize OJA to use the above information in completing an investigation of official files of criminal and traffic violations and the Central Child Abuse Registry.

Failure to sign this form will result in cancellation of the application.

Applicant's Signature Date

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VOLUNTEER AGREEMENT/MEMORANDUM OF UNDERSTANDING

The Office of Juvenile Affairs will:

- Provide orientation and training for each volunteer
- Provide supervisory help and consultation
- Pay pre-authorized mileage and expenses only. (State law now authorizes _____ cents per mile for mileage.) Mileage & expenses are not automatic and do not apply except in special circumstances.
- Explain fully risks and dangers.

In accepting this authorization, I understand I am to serve only in a volunteer status with the Office of Juvenile Affairs.

I agree to:

- Attend an orientation session for volunteers
- Give service on a “without compensation” basis except for the payment of pre-authorized mileage and expenses
- Keep in force adequate automobile liability insurance and a valid driver’s license if providing transportation for juveniles
- Keep scheduled hours as agreed
- Abide by the regulations of the Office of Juvenile Affairs, which specify that for the protection of all applicants and recipients, every person is prohibited from disclosing the contents of any records, files and communications except for purposes directly connected with the administration of agency services. Further, violation of confidentiality will result in my termination from the OJA Volunteer Program.

Other: _____

Volunteer’s Signature

Date

Volunteer’s County of Residence

Date

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VOLUNTEER INTERVIEW REPORT

Type of Interview:

- A. Screening
- B. Placement
- C. Evaluation
- D. Exit

Date: _____

Volunteer: _____

Interviewer: _____

County: _____

Interviewer's Assessment: _____

Volunteer's Comments: _____

Agreements/Results: _____

Date(s) of Training: _____

Other Comments: _____

**STATE OF OKLAHOMA
OFFICE OF JUVENILE AFFAIRS**

VOLUNTEER REFERENCE LETTER

RE: _____
(Name of Applicant)

(Mailing Address)

(City) (State) (Zip)

The above individual has made application with the Office of Juvenile Affairs to provide volunteer service in the area of _____ .
Your name was listed as a reference. Please answer the questions below as accurately as possible and return to the OJA office. This information is confidential.

1. How long have you known the applicant? _____

2. What is/was your relationship with the applicant (supervisor, teacher, friend, co-worker, etc)? _____

3. What qualities do you feel the applicant possesses that would enable him/her to be an effective volunteer? _____

4. Would you have any concerns about your own child spending time with the applicant?
Yes ___ No___ If yes, why? _____

5. Is there any reason you feel the applicant would not be an effective volunteer?

6. Comments: (Please add any comments about the applicant you feel would be appropriate to this application.) _____

Thank you for your assistance,

Reviewed by: _____ OJA Volunteer Coordinator

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VOLUNTEER GROUP AGREEMENT

- I. The following group of individuals representing _____
(Name of Organization)
are approved as OJA volunteers for group projects. Group volunteers who provide direct client services must be approved as individual volunteers.

List of Names

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

I am acquainted with all the above listed persons and recommend them as to character and capability in performing volunteer group tasks as approved by OJA. Confidentiality has been discussed, and our group accepts responsibility for meeting all OJA confidentiality requirements.

Signature of Person Responsible for Group

Date

- II. Volunteer groups will coordinate planning of projects with the Volunteer Coordinator and submit plans in writing for each subsequent project. Currently approved project (s) is/are as follows:

List Project (s)

Date of Initiation

This/These project (s) has/have been reviewed and is/are approved as an appropriate endeavor for the OJA volunteer group shown on this form.

Signature of Volunteer Coordinator

Date

STATE OF OKLAHOMA
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DRIVER'S LICENSE AND LIABILITY INSURANCE ATTESTATION

PLEASE PRINT

_____ DRIVERS NAME		
_____ DRIVERS LICENSE NUMBER	_____ STATE OF ISSUANCE	_____ EXPIRATION
_____ INSURANCE COVERAGE/CARRIER		_____ EXPIRATION DATE
_____ OJA OFFICE VOLUNTEER ASSIGNED		_____ COUNTY/FACILITY

I understand and will observe all the following rules:

1. Will observe all traffic laws;
2. Will wear the safety belt at all time and request all passengers to wear a safety belt;
3. Will notify OJA Risk Management Unit in case of accident within 24 hours at (405)530-2800;
4. Will abide by the all Driving and Vehicle Safety Standards as stated in the Risk Management Policy Manual;
5. Will provide photo copy of valid drivers license and current insurance verification form.

Volunteer Signature

Date

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DOCUMENTATION OF VOLUNTEER ORIENTATION

SECTION ONE: General Information

1. Letter of Welcome
2. Statement of Mission of Agency and Unit
3. Brief History of the Office of Juvenile Affairs
4. Volunteer Program
5. Office of Juvenile Affairs Client--Needs, Attitudes, and Lifestyles
6. Use of Force and Serious Incidents

SECTION TWO: Volunteer Guidelines

1. Guidelines for Volunteers
2. Religious Services Volunteer Information

SECTION THREE: Local Procedures

SECTION FOUR: Job Specific Training

I HEREBY VERIFY THAT I HAVE RECEIVED THE ABOVE INFORMATION AND
COMPLETED ALL FORMS AS REQUIRED.

VOLUNTEER

DATE

WITNESS

DATE

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VOLUNTEER REPORT OF CONTACT

TO: _____
Volunteer Coordinator Date

FROM: _____
Volunteer Caseworker

_____ Date and Time of Contact
Case Name and Number

Service Provided, Observations, and Comments: _____

Hours Spent: _____

Odometer Reading: _____ Beginning

_____ Ending

_____ Miles Driven

Volunteer Signature

Date

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VOLUNTEER PROGRAM EVALUATION

This questionnaire is to be answered by all volunteers who provide a service for the Office of Juvenile Affairs (OJA). The purpose of it is to have the volunteer provide us with feedback to improve the Volunteer Program for recipients and volunteers.

In rating the following questions, please circle the number which is closely related to the levels of performance.

- 1. POOR - Definitely below the requirements.
- 2. FAIR - An average performance.
- 3. GOOD - Above average conditions.
- 4. EXCELLENT - Superior conditions.

- A. The system used for resolving volunteer problem is: 1 2 3 4
- B. The staff's understanding of the volunteer program is: 1 2 3 4
- C. The staff's supervision of volunteers is: 1 2 3 4
- D. The staff's cooperation with volunteers is: 1 2 3 4
- E. The staff's response to volunteer problems is: 1 2 3 4
- F. The volunteer orientation is: 1 2 3 4
- G. The volunteer training is: 1 2 3 4
- H. The Volunteer assignments are: 1 2 3 4
- I. Volunteers are usually placed in fields of their interest: 1 2 3 4
- J. Volunteers understand what they are expected to do on the job: 1 2 3 4
- K. Volunteers maintain juveniles confidentiality: 1 2 3 4
- L. Volunteers attitudes toward juveniles are: 1 2 3 4
- M. What should be done to improve the Volunteer Program? _____

(ANY COMMENTS CAN BE MADE ON THE BACK OF THIS SHEET)

Who is your volunteer Supervisor? _____

Volunteer Signature

Date

(Please return this to your Volunteer Coordinator)

STATE OF OKLAHOMA
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MONTHLY VOLUNTEER REPORT

(DUE IN STATE VOLUNTEER COORDINATORS OFFICE BY 10th OF EACH MONTH)

DISTRICT/FACILITY: _____

COUNTY: _____
(COUNTY WHERE JSU DISTRICT COORDINATOR IS LOCATED)

MONTH: _____ DATE FORM COMPLETED: _____

NAME OF VOLUNTEER COORDINATOR: _____

INDIVIDUAL VOLUNTEERS: NUMBER _____ HOURS _____

GROUP VOLUNTEERS:

No. of Groups _____ No. of Group Members _____ Hours _____

Total Volunteers _____ Total Hours _____

CONTRIBUTORS:

<u>NAME</u>	<u>ITEM</u>	<u>ACTUAL OR EST. VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE ANY UNUSUAL OR NOTEWORTHY VOLUNTEER ACTIVITIES. USE
BACK OF THIS FORM IF NEEDED: