



Volunteer Manual Packet

STATE OF OKLAHOMA
OFFICE OF JUVENILE AFFAIRS

APPLICATION FOR VOLUNTEER SERVICES

PERSONAL INFORMATION:

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

(D.O.B) (Sex) (Race) (Driver's License #)

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

(Employer & Address) (City) (State) (Zip) (Phone)

(E-Mail address) (Alternate Phone #)

EMERGENCY CONTACT:

(Name and Relationship)

(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 _____

EDUCATION:

Highest year of school attended or Degree: _____

Business or Trade School: _____

Other Training: _____

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INTERESTS:

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

If yes, please list the organizations and type of work:

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

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

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

Interests, hobbies, skills, etc. _____

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

If yes, please specify: _____

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

How did you hear about the OJA Volunteer Program? _____

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REFERENCES:

Please list three character references. At least two references should be non-relatives you have known for more than two years. Please complete this section in its entirety.

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 to complete a background investigation and conduct a national criminal records check with the Oklahoma State Bureau of Investigation (OSBI) and the Federal Bureau of Investigation (FBI).

Failure to sign this form may result in denial of the application.

Applicant's Signature Date

STATE OF OKLAHOMA
OFFICE OF JUVENILE AFFAIRS

VOLUNTEER AGREEMENT/MEMORANDUM OF UNDERSTANDING

The Office of Juvenile Affairs shall:

- Provide orientation and training for each volunteer;
- Provide supervisory help and consultation;
- Fully explain the potential risks and dangers involved with volunteer work.

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

I agree to:

- Attend an orientation session for volunteers;
- Give service on a "without compensation" basis;
- Keep previously scheduled hours that I have agreed to work;
- Abide by the regulations and policies of the Office of Juvenile Affairs, which specify that for the protection of all individual and group volunteers, 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 shall result in termination from the OJA Volunteer Program.

Other: _____

Volunteer's Signature

Date

Volunteer's County of Residence

Date



Oklahoma State Bureau of Investigation
Information Services Division

OKVECHS WAIVER AGREEMENT AND STATEMENT
Oklahoma Volunteer and Employee Criminal History System Program (OkVECHS)
For Criminal History Record Checks under the National Child Protection Act of 1993, as amended by
the Volunteers for Children Act (VCA)

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize, _____ on _____
Name of Qualified Entity Date

To submit a set of my fingerprints and this form (if required) to the Oklahoma State Bureau of Investigation (OSBI) for the purpose of accessing and reviewing Oklahoma and national criminal history records that pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

I understand that, OSBI will retain my fingerprints in the Automated Fingerprint Identification System and will notify qualified entity of any future Oklahoma criminal arrests.

Check One:

I do authorize the qualified entity listed above to share criminal history results with other qualified entities.

I do NOT authorize the qualified entity listed above to share criminal history results with other qualified entities.

Print Name	Date of Birth	Address	City	State	Zip
	Employee-----8115 <input type="checkbox"/>		Volunteer-----8215	<input type="checkbox"/>	<input type="checkbox"/>
Signature					

Livescan Fingerprinting Agency:
When obtaining the fingerprints of the individual listed above, please select the ORI of OKOBI0000 from the drop down menu on your device, additionally, select the code 8215 for volunteers or 8115 for employees.

Ink Fingerprinting Agency:
When obtaining the fingerprints of the individual listed above, please use an existing blue applicant fingerprint card from your agency. MARK OUT YOUR AGENCY ORI. Please indicate under the reason fingerprinted NCPA/VCA Volunteer or NCPA/VCA Employee.



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_____ Date

PLEASE PRINT OR TYPE INFORMATION:

You are being considered for _____ with the Office of Juvenile Affairs.

Name: _____

Race: _____ Sex: _____ SSN: _____

DOB: _____ Place of Birth: _____

Driver's License #(copy attached) _____ State Issuing License: _____

Other Names Used including maiden: _____

Marital Status: _____ Spouse's Name: _____

Have you ever been convicted of a felony? Yes No Previously worked for OJA Yes No

If yes, please explain: _____

RELEASE STATEMENT

I, _____, hereby grant full permission, without recourse, for the use and release of information as necessary for the purposes explained.

Fingerprints: All Office of Juvenile Affairs employees are required to have an FBI back ground check done on them. Your fingerprints will be used to check the criminal history records of the FBI. You will have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. Please see Human Resources for Info.

Signature

Please check applicable square:

This person is a: New Employee Volunteer Contract Laborer Foster Parent

Office requesting background check _____

Address _____ Phone: _____

I have explained the purpose for this form and the background check to Mr./Mrs./Miss _____ and he/she understood.

Authority