

Practicum Application
Oklahoma County Juvenile Bureau
5905 Classen Court
Oklahoma City, Oklahoma 73118

Confidential Information

Wendy Riddles 713-6467 or Cathy Leggett 713-6452

Name _____ Maiden _____
(Last) (First) (Middle Initial)

Address _____ e-mail address _____
(Street Address – Include mailing if different)

(City) (County) (State) (Zip)

Phone _____
(Home) (Work) (Other: cell or pager)

Best time to contact _____ am/pm (Circle) Social Security # _____

Work Experience

Employer _____ Occupation _____

Employer's Address _____

Educational Background

School Attended _____ Major _____

Highest Grade/Degree Attained _____ Date _____

General Information

Valid Driver's License # _____ State _____

Liability Insurance Company Name & Policy Number _____

License/Certificates _____

Type of Volunteer work preferred? _____

How did you learn of our Volunteer Program? _____

Physical Limitations _____

Have you ever been convicted of a felony? _____ Yes _____ No

If you answered yes, please provide date, offense and any sanctions imposed _____

In case of emergency, contact _____
(Name) (Relationship)

(Phone) (Full Address: Street; City; State & Zip)

References:

Name	Address	Phone	Relationship

The undersigned acknowledges and agrees that: (1) He/She is not obligated, if called upon to perform the volunteer services herein applied for and that (2) as a part of the program's screening process, additional personal information will be elicited from the applicant by professional agency personnel.

I certify that I am the above individual and all information given is true and correct to the best of my knowledge.

Signature

Date

Authorization for Release of Information

Applicant _____
(Middle Name) (Last Name) (First Name)

Street Address _____

City/State/Zip _____

Birth Date _____ Sex _____ Social Security # _____
(Month/Day/Year)

This authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize released will be used to verify information provided in your application and is necessary for a specific position. If any information you have provided is determined to be false after acceptance, your program will be terminated immediately. Information determined to be false prior to acceptance, will result in your not being placed with the Program.

The information obtained as a result of your signature on this authorization, will be furnished to designated officers and employees of Oklahoma County to verify information necessary to process your application.

This authorization for Release of Information constitutes my consent and authority to examine and/or obtain copies and abstracts of records, and to receive statements and information regarding my background. I hereby authorize the release of the following data, records and information to Oklahoma County.

Military, Education, Police & Criminal and Employment information must be verified on every person working in the Juvenile System. Credit will only be checked if credit worthiness is necessary to be employed in your position.

EMPLOYMENT EDUCATION POLICE & CRIMINAL
CREDIT MILITARY

Signature of Applicant

Date

Requesting Agency:
Oklahoma County Juvenile Bureau
Dept: Special Services
5905 Classen Court
Oklahoma City, Oklahoma 73118