

OKLAHOMA COUNTY JUVENILE BUREAU
INTERN/PRACTICUM/VOLUNTEER APPLICATION

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

Address: _____
(Street address - include mailing if different)

(City) (State) (Zip)

Phone Number: _____ Best Contact Time: _____

Email Address: _____

Area(s) of Interest:

- Literacy Tutoring Student Internship/Practicum
 Recreation Spiritual
 Speaking Engagement Other: _____

Department(s) of Interest:

- Court Services Department (Intake & Diversion Services Unit and Probation Services Unit)
 Oklahoma County Juvenile Detention Center
 Both

Name of the school you are attending, if applicable: _____

Name and phone number of your professor, if applicable: _____

Volunteer hours needed, if applicable: _____

Requested Semester of Practicum: Fall Spring Year: _____

How did you learn of our practicum/volunteer program? _____

What days/times are you available to volunteer? _____

Do you have any special conditions that you need to complete your practicum?
(i.e. LPC, LADC, etc.) (if applicable): _____

Do you have any special skills, certifications, or licenses that you would like to apply while volunteering at the OCJB? _____

What are your interests or hobbies that you may be able to apply while volunteering at the OCJB? _____

How do you feel you will be able to contribute to the operations of the OCJB? _____

What are you hoping to achieve or gain while volunteering at the OCJB? How can we best help you to achieve it? _____

Do you have any physical limitations? If yes, please explain. _____

Have you ever been convicted of a felony? Yes No

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

Emergency Contact:

_____	_____
(Name)	(Relationship)
_____	_____
(Full Address)	(Phone Number)

*I certify that I am the above individual and understand that falsification of any information given on this form could invalidate my participation in the program.

Intern/Practicum/Volunteer Signature

Date