



The City of
OKLAHOMA CITY
Parks & Recreation Department

**ADULT VOLUNTEER APPLICATION
CITY OF OKLAHOMA CITY
PARKS AND RECREATION DEPARTMENT**

For Volunteer office use ONLY	
Date Received	_____
Security Check Sent	_____
Security Check Rec'd	_____
Date approved/denied	_____
Returned to FOS	_____

This form must be completed in its entirety, using a **blue** or **black** ink pen. Please **PRINT**
SITE/PROGRAM: _____

(*) THIS INFORMATION IS REQUIRED FOR A BACKGROUND CHECK. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED INFORMATION IS DISCLOSED.

*Last Name:		*First Name:		*M.I.:	
Street Address:		City:		State:	Zip Code:
2 nd Address if previous is less than 6 months:		City:		State:	Zip Code:
Day Phone:	Cell Phone:	Preferred Method of Contact:		Email Address – (ie. sonso@abc.ill):	
Languages Spoken:	*Sex – circle one: Male Female				
Are you a citizen of the United States?	Yes	No	If Not, do you have the right to work and live in the U.S.?		
Have you ever been convicted of a felony?	Yes	No	If so,	when (year)	where
Nature of conviction:					

ADDITIONAL INFORMATION – ADULT VOLUNTEER APPLICATION

1. Occupation/Career Title: _____
Current Employer: _____
Business Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____

2. References:
 Please list three people who are not relatives for your references. References may be contacted.

Name	Occupation	Work Phone	Home/Cell Phone

3. Previous Volunteer Experience: include organization’s name, age of patrons served, years with organization, and services provided.

4. Please tell us how you heard of our program and why you would like to volunteer at our sites.

5. Availability:
 At what times are you interested in volunteering? (Check all that apply)

Hours	Morning			Afternoons			Evenings		
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Season	Summer	School Year	Sports related	Fall Break	Winter Break	Spring Break	Other		

6. Work Preferences:
 Is there a particular type of volunteer work in which you are interested? (Check all that apply)

Working with staff as a class assistant	Helping with large one time only special events
Helping with reports and statistics	Sports and Games
Performing Arts and stage productions	General Administration duties
Teaching individual projects or classes	Setup and cleanup of social gatherings and dances
Coaching	Fish Hatchery / Lake Related
Mainly Indoors	No preference, I can help wherever needed
Mostly Outdoors	Other:

7. Group Preferences:

Is there a person or group with whom you are particularly interested in working with? (Check all that apply)

Adults 18+		Youths 6 – 12	
Seniors 55+		Teens 13 – 18	
Pre-School 4 – 6		No Preference	
Males		Females	
Special Needs – Physical or Mental		Other:	

8. Locations:

Mark the Center/Sites you prefer, listing first and second choices. (Check all that apply)

Specialty Sites	Gyms / Athletic Sites	Recreation Centers - NW
NWO Drama Camps	Municipal Gym	Macklanburg
Foster Program Center	Woodson Gym	Melrose
Summer Programs	Wendel Whisenhunt Sports Complex	Pilot
Preschool Programs	Stars & Stripes Athletic Fields	Recreation Centers - South
School Breaks	Wheeler Athletic Fields	Schilling
Woodson Senior	Aquatic Facilities	Sellers
Will Rogers Senior	Foster Pool	Southern Oaks
	Woodson Pool	Recreation Centers - NE
	Northeast Pool	Douglass
	Aquatic Centers * summer	Minnis Lakeview

9. Volunteer Youth Sports Coach:

Please indicate the age group you wish to coach:
(If signing up for multiple age groups please fill out an application for each division.)

Age Group/Grade: _____ Sport: _____ (Rec or Competitive)

Answer the following to the best of your knowledge.

- (1) Were you a coach last season? Yes No If yes, what age group? _____
- (2) In what capacity would you like to be a coach? Head Coach Asst. Coach

Every Coach: All head coaches are required to pass a background check. If at any time you will not be able to attend a game or practice, please identify an assistant coach 10-15 days prior to your absence so the assistant can be cleared for a background check. The team must be with an Oklahoma City Parks and Recreation approved/background checked volunteer at all times.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.

ACCURACY OF INFORMATION: I hereby certify that I have reviewed the information on each page of this application to make sure that all parts are complete and correct. I understand that my eligibility will be based on the information contained in this application and results of the background check.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct. I understand that any false statement made by me on this application could be sufficient cause for dismissal from the volunteer program.

VERIFICATION OF INFORMATION: I understand that as a volunteer for the City of Oklahoma City Parks and Recreation Department, I will be subject to a background check, including criminal history. I authorize the City of Oklahoma City Parks and Recreation Department to investigate and verify the facts claimed by me on this application.

Signature

Date

Staff Use Only

Interviewed By: _____ Title/Locations: _____

Interviewer's comments and recommendations: _____

Interviewer's Signature

Date

Office Administration Approval Signature

Date

This application is for adults 18 and over.

Exhibit B

Oklahoma City Parks and Recreation Department National Background Screening Consent Form

Applicant's **Legal** Name (printed):

Social Security Number: _____ Date of Birth: _____

Applicant's Address:

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for the Oklahoma City Parks and Recreation Department (Department) to obtain information regarding myself. This includes the following:

- Local & National Criminal Background Records/Information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained, either in writing or via telephone, in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the Department's guidelines.

By signing this document, I provide the Department my consent for an initial background check, as well as any subsequent background checks the Department deems necessary.

Print Name: _____ Date: _____

Signature: _____