



**OKLAHOMA COUNTY**

POST ADJUDICATION REVIEW BOARD

VOLUNTEER APPLICATION

Please print or type

\_\_\_\_\_  
Name Applying for what board? (County Name)

How did you become aware of PARB? \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (CITY) (ZIP) (COUNTY)

\_\_\_\_\_  
HOME PHONE E-MAIL

\_\_\_\_\_  
EMPLOYER ADDRESS

How long have you worked for  
this employer? \_\_\_\_\_

\_\_\_\_\_  
WORK PHONE May we call you at work? \_\_\_\_\_

Position: \_\_\_\_\_ Work hours: \_\_\_\_\_

PROFESSIONAL/CIVIC ORGANIZATIONS YOU BELONG TO: \_\_\_\_\_

EDUCATION AND LIFE EXPERIENCE THAT WOULD AID YOU IN REVIEWING CASES:

REFERENCES:

PLEASE PROVIDE TWO LETTERS OF REFERENCE  
In lieu of letters please list two references (references will be contacted)

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS & PHONE

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS & PHONE

**OKLAHOMA COUNTY**

THE REVIEW BOARD MAY MEET DURING THE DAY AT THE COURTHOUSE. ARE YOU WILLING AND ABLE TO ATTEND ALL REVIEW BOARD MEETINGS AND CARRY OUT ASSIGNED DUTES AS A BOARD MEMBER? \_\_\_\_\_

ARE YOU WILLING TO ATTEND TRAINING WHEN PROVIDED LOCALLY? \_\_\_\_\_ AS WELL AS OUT OF TOWN? \_\_\_\_\_

DO YOU UNDERSTAND THAT ALL INFORMATION CONCERNING CASE REVIEWS AND CHILDREN INVOLVED WITH THE COURT IS CONFIDENTIAL? \_\_\_\_\_

ARE YOU WILLING AND ABLE TO ABIDE BY THE LAWS REGARDING CONFIDENTIALITY? \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \_\_\_\_\_

WHY ARE YOU INTERESTED IN SERVING ON THE REVIEW BOARD?

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
County Coordinator\*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\*signature indicates a request for OCCY to consider applicant for appointment to the review board program.

**RETURN TO:** Oklahoma County PARB  
Attention: Callis Marie Hernandez-Kramer  
5905 N. Classen, 4<sup>th</sup> flr, rm. 3  
Oklahoma City, OK 73118

All applications are subject to the approval of the Commission on Children and Youth.



POST ADJUDICATION REVIEW BOARD

COMMITMENT TO PARTICIPATE

I agree to serve as a member of the Post Adjudication Review Board (PARB). In doing so, I make the following assertions:

- I will serve a three-year term;
- I will participate in at least one training session per year as designated by the Commission on Children and Youth
- I understand that information contained in case records as well as that which is conveyed during the review is confidential; and
- My participation will be guided by my understanding of the best interest of the child, in accordance with Oklahoma law.

I agree not to disclose any of the information I receive in connection with my participation in a Case Review to any person not a member of the Review Board. I further acknowledge that a violation of this part of the agreement may result in a civil or criminal action against me for unlawful disclosure of confidential information.

Finally, I understand that my board membership may be terminated if there is reason to believe that:

- My participation during a review is inappropriate or insensitive to clients or service providers; or
- I have breached the confidentiality regulations, as specified above.

I have read the above and agree to abide by all provisions.

\_\_\_\_\_  
Review Board Member

\_\_\_\_\_  
Date

This agreement will expire three years from the date of appointment.

PLEASE RETURN ONE SIGNED COPY TO:

Oklahoma County PARB  
Attention: Callis Marie Hernandez-Kramer  
5905 N. Classen, 4<sup>th</sup>, rm 3  
Oklahoma City, OK 73118

Phone: 405 767-2531  
Fax: 405 713-6741  
[chernandez@oklahomacounty.org](mailto:chernandez@oklahomacounty.org)



**OKLAHOMA COUNTY**

POST ADJUDICATION REVIEW BOARD

CONSENT FOR RELEASE OF  
BACKGROUND CHECK INFORMATION

I hereby authorize the Oklahoma State Bureau of Investigation and its duly authorized agents and employees to receive and/or furnish to the **Oklahoma Commission on Children and Youth** for the purpose of becoming or renewing membership on the **Post Adjudication Review Board** information obtained from a criminal background check.

I understand that my records cannot be disclosed without my written consent and that information obtained under this release may not be re-disclosed.

This consent expires six (6) months from date of execution.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name: \_\_\_\_\_  
Last First Middle (Alias)

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

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