



POST ADJUDICATION REVIEW BOARD

OKLAHOMA COUNTY 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

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, **Rm 302**
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, **Rm 302**
Oklahoma City, OK 73118

Phone: 405 713-6457
Fax: 405 713-6741
chernandez@oklahomacounty.org



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 _____, 200__.

Name: _____
Last First Middle (Alias)

Date of birth: _____ Sex: _____ Race: _____
Month Day Year

Social Security Number: _____

Address: _____
City, State, Zip code

Signature

Witness

Return to:
Oklahoma County PARB
Attention: Callis Marie Hernandez-Kramer
5905 N. Classen, ***Rm 302***
Oklahoma City, OK 73118
Phone: 405 713-6457
Fax: 405 713-6741
chernandez@oklahomacounty.org