

## Volunteer Application – Oxley Nature Center

PLEASE PRINT:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Circle the day(s) you would like to work, and “X-out” any day(s) you are not available:

SUN          MON          TUE          WED          THU          FRI          SAT

my schedule varies: \_\_\_\_\_

Check the type of volunteer work that interests you:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Leading weekday morning school tours | <input type="checkbox"/> Visitor Center Host      | <input type="checkbox"/> Trail work                          |
| <input type="checkbox"/> Leading weekday afternoon tours      | <input type="checkbox"/> Clerical work/Data entry | <input type="checkbox"/> Adopt-A-Trail                       |
| <input type="checkbox"/> Leading weekend tours                | <input type="checkbox"/> Committee work           | <input type="checkbox"/> Burn crew                           |
| <input type="checkbox"/> Leading night walks/full moon tours  | <input type="checkbox"/> Phone work/Scheduling    | <input type="checkbox"/> Travelling exhibit: road crew, host |
| <input type="checkbox"/> Podcast production                   | <input type="checkbox"/> Marketing/Publicity      | <input type="checkbox"/> Other: _____                        |

What kind of training or experience do you have that might be useful in your volunteer work?

Do you speak any languages other than English? Do you have any emergency/first aid/medical training?

Hobbies & special interests?

How did you learn about Oxley Nature Center’s volunteer program?

Optional information for birthday and wedding anniversary announcements:

Birthday (the year is also optional): \_\_\_\_\_  do not announce  
Anniversary and spouse’s name: \_\_\_\_\_  do not announce

### Insurance for volunteers

The City of Tulsa carries NO insurance to cover accident or injury to any volunteer engaged in activities connected with the City. If you are injured, and are unsure of your rights, contact the Legal Department of the City of Tulsa.

Who to notify if you are injured:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any medical conditions or allergies that you want us to know about?

Character References (Please list two people who are not family members.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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# About the Background Check and Consent/Release Form

## INFORMATION

The Tulsa Parks Department conducts background checks each season on all volunteers, officials, and staff. The Tulsa Parks Department is committed to providing positive experiences for all participants. The purpose of this process is to screen applicants. This screening process involves receiving completed applications and consent forms and conducting an extensive thorough background check which provides information regarding arrests, charges, and convictions.

All background checks remain confidential and are shredded after review. There is a committee of three full-time staff members who review background checks. The guidelines, which will be used for the background check process, involve reviewing the information provided by public law enforcement records such as:

- Charges
- Arrests
- Convictions
- Offenses.

Please read the application carefully. Your answers on the application are as important as your public record. If an individual is honest about his or her background, then the committee will consider the severity, pattern, and frequency of the items on record. We will be willing to meet with a volunteer applicant to discuss possible issues before conducting the background check, if you feel that would be necessary.

NOTE: If an individual responds "No" and the background check discloses ANY charges, arrests, convictions, or offenses, that will be sufficient to disqualify a candidate for volunteer work.

No incident is too minor to put down, even if you cannot remember the year. Traffic violations would not usually prevent volunteer staff from working at Oxley Nature Center. Not mentioning a traffic violation could.

The timeline for submitting and receiving background checks varies with the volume. There could be times that volunteer staff members are dismissed after the training has started. We apologize for any inconvenience this may cause to our volunteer participants. However, we feel it is essential to place screened volunteer staff members in charge of our visitors.

Making the Outdoors Fun, Meaningful, and Safe for All!

# Background Check Consent/Release Form To Investigate Background Information

Applicant's Name \_\_\_\_\_  
Last, First, Middle Initial

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I \_\_\_\_\_ authorize and give consent for the Tulsa Parks Department to obtain information regarding myself. This includes, but is not limited to:

- Employment Records/Employer References
- Criminal Background Records/Information
- Criminal Background Check/Fingerprint
- Driver's License Check
- Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my application.

I also understand that all information obtained is considered public information pursuant to the Open Records Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Organization:

Oxley Nature Center 5701 East 36<sup>th</sup> Street North, Tulsa, OK 74115

This document will be stored in a secure location, with staff access only.  
It will be shredded when it is no longer needed.

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# Background Check Personal Information

## Please read the questions carefully!

On the following questions, honesty is valued. Answering "yes" is not an automatic disqualification. A dishonest answer could prevent you from doing volunteer work at Oxley Nature Center.

Have you ever been charged with or pled "guilty" or "no contest" ("nolo contendere") to or been convicted of any of these crimes: traffic violation, misdemeanor or felony? You must check one:

no  yes

(Examples include, but are not limited to: traffic violations, **speeding tickets**, drugs, alcohol, DWI or DUI, assault and battery, any offense involving children, fraud, dishonesty, theft, violence, sex offences, weapons, etc.) If "yes", explain details: \_\_\_\_\_

Have you ever had a problem with drugs or alcohol?  no  yes If "yes", explain details: \_\_\_\_\_

Have you ever been involved with child abuse or neglect?  no  yes If "yes", explain details: \_\_\_\_\_

Print Legal Name: \_\_\_\_\_

Print Other Names (maiden, alias, etc.): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City State and Zip Code: \_\_\_\_\_

(If current address is less than one year):

Previous address: \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address, City, State and Zip Code \_\_\_\_\_

I authorize the Tulsa Parks Department to obtain from any source, any information relevant to this application. I hereby authorize all sources to release such information to the Tulsa Parks Department. I hereby certify that the foregoing statements are true and correct and I agree that any misstatement or omission as to material fact will constitute grounds for unfavorable consideration of my application or dismissal from volunteering with the Tulsa Parks Department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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THIS WAIVER MUST BE COMPLETED  
BEFORE VOLUNTEER ASSISTANCE IS BEGUN

MAYOR'S VOLUNTEER PROGRAM

WAIVER FOR TEEN/ADULT VOLUNTEERS

In consideration of the opportunity afforded to my/my child's participation on a voluntary basis in the Mayor's volunteer Program, I waive any right, claim, claim of responsibility or liability, or cause of action arising as a result of my/my child's participation in this program from which any liability may or could accrue against the City of Tulsa, its officers, employees or representatives, collectively or individually. Without limiting the generality of the above, I agree that this waiver shall include any rights, claims, claims of responsibility or liability or causes of action resulting from personal injury to me/my child's or damage to my/my child's property sustained in connection with my/my child's activities in this event, and agree to indemnify City of Tulsa, its officers, employees or representatives from any such claims.

PHOTO/VIDEO RELEASE

I also give permission to the City of Tulsa to use photographs, and/or video, and/or audio of me/my child obtained while participating in this event. I release the City of Tulsa, its officers, employees or representatives from any and all liabilities arising from the use of these items for publicity purposes and waive the right to negatives, photos, tapes and reproductions, as well as waive my/my child's right to inspect or approve the finished photographs and/or tapes.

MEDICAL RELEASE CONSENT FORM

In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_

Address (during the day) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

PERSONAL MEDICAL INSURANCE INFORMATION

Name of personal physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

\_\_\_\_\_  
Print Volunteer Name

\_\_\_\_\_  
Volunteer's Signature or Parent/Guardian  
Signature if Volunteer is a Minor

\_\_\_\_\_  
Date