

ADULT VOLUNTEER FORM FOR OSD'S 2025 SUMMER CAMP

Note: Complete these forms and send ASAP. Background and Fingerprint forms will be sent to you. Allow at least 6-7 weeks before April 21st, 2025.

I _____ would like to be considered as a volunteer to work with the staff during my child's participation in the ELEMENTARY/HIGH SCHOOL, (circle) summer camp. I understand that only a limited number of Volunteers will be accepted.

I understand that I will be required to assist the staff wherever my services are needed to help make camp successful. I understand that I will have a dorm room to sleep in, and that I will have no expense except what I choose to spend during the outings we attend.

I further understand that I will work with a group of students other than the one my child is grouped in.

Please print the following information:

NAME: _____ Date: _____

HOME PHONE: (area code) _____

WORK PHONE: (area code) _____

CELL PHONE: _____

EMAIL: _____

MY CHILD'S NAME IS: _____

OKLAHOMA SCHOOL FOR THE DEAF

DHHSC CAMP VOLUNTEER FORM

I _____ would like to be considered as a volunteer worker at this year's camp.

[OSD Elementary Summer Camp June 9th – 12th , 2025]

[OSD High School Summer Camp June 15th – 20th , 2025]

I understand that I may or may not be accepted depending on staffing needs. I understand that before being accepted I must fill out forms to have a background check done. I understand that no payments for services are involved, but that room and board are free. The only expense I will have is for personal spending.

My reasons for wanting to be a volunteer are:

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

I understand that to be considered as a volunteer, I must have all paperwork completed by April 21st, 2025. I further understand that I will be contacted by June 1st, 2025 if I am accepted to work one or both camps.

Oklahoma School for the Deaf

Liability Release Form for Adults

I, _____, hereby release the Oklahoma
(please print) School for the Deaf from any responsibility in the occurrence of any accident to
myself while visiting/volunteering on campus.

Signature Date _____

STATE OF OKLAHOMA
DEPARTMENT OF REHABILITATION SERVICES

Oklahoma School for the Deaf
APPLICATION FOR VOLUNTEER SERVICE

PERSONAL

Name:

(last) (first) (middle initial)

(birthdate) (sex) (social security number)

Home Address:

(street) (city) (zip) (county)

Home phone: _____

Business phone: _____

Business

Address: _____

(street) (city) (zip) (county)

Marital Status: _____

Spouse's Name: _____

Have you or any member of your family or household ever been arrested for or convicted of a
criminal action other than a minor traffic violation? Yes _____ No _____

If yes, please explain:

Do you own a car? Yes _____ No _____ Current license number: _____

Do you have liability insurance? Yes _____ No _____ Insurance company name and policy
number: _____

Do you have any disability which might interfere with volunteer activities? Yes _____ No _____

If yes, please

explain: _____

EDUCATION

Please circle last year completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

(College) Major subject: _____

Minor Subject _____

Business or Trade School: _____

Other Training: _____

Previous or Current Occupation(s): _____

INTERESTS

Have you ever participated in any work with youth? Yes _____ No _____ If yes, please list the organization and the type of work you did:

1.

2.

3.

Have you done any other kind of volunteer work? Yes _____ No _____

1.

2.

3.

Interests, hobbies, skills:

Do you speak any language fluently other than English? Yes _____ No _____ If yes, please specify:

Briefly, why do you wish to be a volunteer:

GENERAL INFORMATION

ASSIGNMENT PREFERENCES: (education, dormitories, recreation)

First choice:

Second choice:

Third choice:

How did you hear about the volunteer program?

Please list three character references. At least two should be non-relatives you have known for more than two years.

1. (NAME) _____

(address) (city) (state) (zip)

(area code) (phone number) (occupation)

2. (NAME) _____

(address) (city) (state) (zip)

(area code) (phone number) (occupation)

3. (NAME) _____

(address) (city) (state) (zip)

(area code) (phone number) (occupation)

I certify that the above information is correct and true to the best of my knowledge. I authorize DRS to use the above information in completing an investigation of official files of criminal and traffic violations and the Central Child Abuse Registry.

(applicant's name)

(date)

Failure to sign this form will result in cancellation of the application.

**OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES
NOTIFICATION FOR BACKGROUND INVESTIGATION
OKLAHOMA SCHOOL FOR THE BLIND
OKLAHOMA SCHOOL FOR THE DEAF
FOR POSITIONS THAT REQUIRE BACKGROUND RECORDS CHECK:**

I understand all information provided on my employment application is subject to investigation and verification.

A personal background investigation, including Oklahoma State Bureau of Investigation records, records maintained pursuant to the Sex Offenders Registration Act, and civilian or military judicial records, will be conducted as a condition of employment. The background application will be sent out to your email once we receive this volunteer application. **This will cost \$19.00 and the applicant is responsible for the payment.**

Social Security Number

Printed Name

Date Signature

Date of Birth

Male _____ Female _____

Nationality

612:20-3-39. Felony record search

(a) The Oklahoma School for the Blind and the Oklahoma School for the Deaf policy requires a felony record search for the recommended applicant for employment including a search of local law enforcement records maintained pursuant to the Sex Offenders Registration Act. 1 Either school may also require a national felony record search based upon fingerprints. The cost of the searches will be paid by the school. 2

(b) An individual may be employed not to exceed sixty (60) calendar days pending receipt of the results of the search. The Superintendent shall review the background information and make the determination whether employment should be continued or terminated. All information contained on and generated from this application and fingerprint cards are to be confidential and used only for professional purposes. Results of the searches will remain the permanent property of the school. 3

(c) All applicants for employment at the Oklahoma School for the Blind

and Oklahoma School for the Deaf shall be notified of this requirement.

INSTRUCTIONS TO STAFF

1. Title 10, O.S. 404.1

2. Applications for Felony Offense Records and/or Federal Bureau of Investigation fingerprinting cards shall be processed as in (a) through (c) of this Instruction.

(a) The superintendent or designee shall process Applications for Felony Offense Records and/or Federal Bureau of Investigation fingerprinting cards.

(b) The recommended applicant completes the Notification for Background investigation form (DRS-S-20) which serves as notification of the felony record search.

(c) The school will forward all collected information to the Oklahoma State Bureau of Investigation, who forwards one fingerprint card to the Federal Bureau of Investigation for processing.

3. Title 70 O.S. 5-142

7-1-98 PT Memo #98-15

Permanent, new Sectio