



## Volunteer Application

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ARE YOU AT LEAST 16 YEARS OLD? \_\_\_\_\_

VOLUNTEER OPPORTUNITIES I AM INTERESTED IN:

\_\_\_\_\_

PLEASE LIST 2 REFERENCES

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU A FAMILY MEMBER OF A RESIDENT?      YES      NO

IF SO, FAMILY MEMBER'S NAME? \_\_\_\_\_

IF NOT A FAMILY MEMBER, HOW DID YOU HEAR ABOUT SAINT SIMEON'S?

\_\_\_\_\_

PRINT THIS AND THE FOLLOWING TWO PAGES AND MAIL OR FAX TO:

SAINT SIMEON'S      3701 MARTIN LUTHER KING JR. BLVD. TULSA, OK 74106  
FAX: 918-425-6368

SAINT SIMEON'S EPISCOPAL HOME

Volunteer Application

**CRIMINAL ARREST CHECK LIST**

Effective November 1, 2012 and in accordance with public law, Title 63 of the Oklahoma Statues, Section 1-1950.1, employment at this employer shall **not be** considered if the below signed individual has been *convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, as stated by Oklahoma Statue, Section 1-1950.1©(1) of Title 63.*

- a. abuse, neglect or financial exploitation of person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,

- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree

Effective November 1, 2012 and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered for the below signed individual *if less than seven (7) years have elapsed since the **completion of sentence\***, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, as stated by Oklahoma Statute, Section 1-1950©(2) of Title 63:*

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d, pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,

- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription or dispensing of a Schedule 1 through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

*\*Pursuant to 63 O.S.- 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.*

By signing this form, I give Saint Simeon's permission to conduct a criminal background check on me.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date of Signature

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

\_\_\_\_\_  
Date of Birth

Saint Simeon's Episcopal Home  
3701 Martin Luther King, Jr. Boulevard  
Tulsa, Oklahoma 74106

REFERENCE CHECK CONSENT FORM

I, \_\_\_\_\_, voluntarily consent to allow Saint Simeon's Episcopal Home or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality.

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date

# Registry and Criminal History Record Check Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that *an applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

Employer must retain the signed applicant consent.

**Instructions to Applicant:** Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting. With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

**Declarations:** By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(l)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Last Name: \_\_\_\_\_

What Other Aliases/Names Have You Used? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Present Address: \_\_\_\_\_

Present City/State/Zip: \_\_\_\_\_

In What Other States Have You Lived After 18 Years Of Age? \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

\_\_\_\_\_  
Applicant's Signature Date