

Volunteer Application - Oxley Nature Center

PLEASE PRINT

Name: _____

Primary phone: _____

Mailing Address: _____

Alternate phone: _____

City, State & Zip Code: _____

E-mail: _____

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"/> Traveling 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:

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 injured: _____

Phone Number: _____

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 relatives.)

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

I hereby certify that the foregoing statements are, to the best of my knowledge, true and correct; and I agree that any misstatement or omission as to material fact will constitute grounds for dismissal.

SIGNATURE: _____

DATE: _____

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 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

**AmericanChecked, Inc.
Investigative / Consumer Report Disclosure & Release**

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: drugs/alcohol use, information relating to your character, general reputation, personal characteristics, or any other information about you which may reflect upon your potential for volunteerism gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies and authorities.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 120 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only)
Please complete the following:

Name _____

Address _____

City _____ Zip _____

Company Name: _____ **Location No.:** _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

IF YOU WISH, YOU MAY SEND YOUR COMPLETED BACKGROUND SCREENING FORM (Page 3) DIRECTLY TO:

Dean Richardville, Tulsa Parks
175 E. 2nd Street Suite 570
Tulsa, OK 74103

Fax: 918-699-2808

Please note we do not run credit reports. By law we must include the information on this form.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to

the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051