



of North Central Oklahoma, Inc.

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## Youth and Family Services Mentoring Opportunities

Want to save the world? We are doing it one child at a time at Youth and Family Services (YFS). But we need your talents. Please consider donating your time to YFS. Mentoring has the power to change lives. A recent survey of Oklahoma mentoring programs conducted by the Boren Mentoring Initiative found that the most common positive outcomes of programs surveyed included improved academic performance, healthier relationships with others, improved behavior and increased self-esteem.

The most common length of stay for children and youth in the shelter is 7 to 10 days. However, it is not uncommon for youth to stay longer while their transition to a more permanent home is worked out. The majority of youth residing in our Emergency Youth Shelter have faced serious traumatic events. For those young people who must stay longer than 10 days, we've found it beneficial to offer them a mentor. Mentors visit with the youth, build relationships, and are allowed to take youth off campus for activities such as getting an ice cream, having a picnic, attending a movie, etc... For a youth who must worry where his or her next home will be, activities such as these can be a real blessing.

Youth and Family Services maintain strict criteria for volunteers who wish to mentor. A thorough background check by the Oklahoma State Bureau of Investigation (OSBI) will be completed as well as fingerprints. The cost of this is covered by YFS. On the following pages you will find the OSBI Criminal History Record Information Request and the Criminal History Review Request for Individuals form. Please fill out only the SUBJECT INFORMATION box on the OSBI form and complete the additional pages in full and sign. Bring the completed forms to the YFS office and an appointment for fingerprinting will be made for you. As soon as results are returned, generally within 2 weeks, we will notify you and add you to our roster of mentors. Your help is greatly needed and appreciated!

Member Agency



Oklahoma Association



Oklahoma Department of Mental Health  
and Substance Abuse Services

Counseling Accredited By



### Volunteers and Students

The agency may utilize volunteers and students to provide services and assist with office duties when appropriate. All students and volunteers providing direct services to persons served shall be supervised by the appropriate program supervisor and the Clinical Director. Students and volunteers shall receive the same orientation as personnel. If providing services to persons served, students and volunteers shall disclose their credentialing and education status to persons served. Persons served shall have the right to consent or decline services provided by students or volunteers.

Currently, the agency provides practicum and internship experiences to students. The agency views this practice as a mutually beneficial arrangement to assist students in obtaining the skills and competencies needed for their education and provide services needed by the agency. Each student shall obtain a written agreement that outlines expectations and documents approval of the agreement by both the agency and the university. The Clinical Director and/or designated program supervisor shall be responsible for orientation, supervision and on-going training.

To utilize volunteers and students, the following must be in place:

1. A signed agreement.
2. Identification of duties.
3. Identification of scope of responsibility.
4. Supervision arrangements.
5. Orientation and training.
6. Assessment of performance.
7. Dismissal policies.
8. Confidentiality Policies.
9. Background checks when having contact with persons served or finances.

Each volunteer or student shall have a file that includes a signed agreement that identifies job duties, scope of responsibility and supervision arrangements. Volunteers and students shall receive the same orientation as personnel and shall receive appropriate training to fulfill their duties. Additional training shall be provided or recommended as needed.

Volunteers and students shall receive routine performance evaluations the same as personnel or more frequently if required as part of the signed agreement. Volunteers and students will be held to the same confidentiality policies as personnel and shall review confidential information only on a need to know basis.

Volunteers and students may be used or dismissed at the sole discretion of the agency. Dismissals may be recommended by program supervisors or the Clinical Director. The Executive Director will have final determination for dismissal of volunteers or students. Volunteers and students shall have the right to an explanation for dismissal. If a student is dismissed, an explanation for dismissal shall be sent to the appropriate practicum/intern instructor.

# OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place  
Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)

### Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00  
\* Must provide fingerprint card.  
\* Includes name based search.

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person

*Requests will be returned in the manner received.*

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

( )

### ACCEPTABLE FORMS OF PAYMENT:

CASH  CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.*  CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

*Please print the name of the individual card holder as it appears on the credit card.*

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

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

PHONE NUMBER ( ) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

PURPOSE OF REQUEST \_\_\_\_\_

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

*Forms with corrections done with white out or by striking through the fields in this section will not be processed.*

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### SEARCH RESULTS (Please do not write in the spaces below):

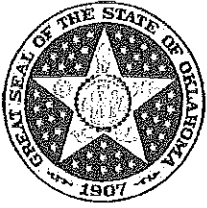
Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*



Criminal History Review Request for Individuals



This form is used by individuals to request a criminal history review by the Licensing Records Office (LRO). Complete sections A and B with appropriate signatures and submit form per instructions in the criminal history review packet available from a program or LRO.

Section A

First name Middle name Last name Social Security #

All previous names, including aliases and maiden, not nicknames Date of birth

Location: Street address City State ZIP code

Mailing: Street address or PO Box City State ZIP code

Email

1. 2. Phone number including area code Extension Phone number including area code Extension

In the LAST three years, have you lived outside of the United States? Yes No

When YES, list other country(ies):

When YES, foreign country criminal history records must be submitted to LRO.

Are you required to register under the Sex Offenders Registration Act or Mary Rippy Violent Crime Offenders Registration Act? Yes No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest), or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs? Yes No

I am completing this form currently as an: (Check all that apply)

- Owner or responsible entity
Individual with unsupervised access to children
authorized to obligate the business entity
Individual with access and review of fingerprint results
Adult living in the facility
Other
Personnel applicant (potential employee)
Substitute through a temporary hiring agency

Complete section B on next page

**Section B**

I authorize LRO to:

1. receive my Oklahoma State Bureau of Investigation (OSBI) and national Criminal History Record Information (CHRI) from the Federal Bureau of Investigation (FBI), if any, for Oklahoma child care purposes per the National Child Protection Act of 1993, as amended by the Volunteers for Children Act (NCPA/VCA);
2. mail my national CHRI, if any, to the mailing address provided on this form; and
3. send my fingerprint results to a licensed child care program, the program's general administrative officer (GAO) or temporary hiring agency (THA) that:
  - a. has my written consent to request and receive them; and
  - b. is a qualified entity or authorized governmental agency that agrees to meet state and federal laws and policies governing their security and confidentiality.

I understand:

1. access or unsupervised access to children is prohibited until my fingerprint results are received;
2. that if I have CHRI in **another** state I receive a copy from LRO **initially**;
3. that if I have CHRI in Oklahoma **or** another state I may request a copy at **anytime** from the program or GAO;
4. I have the right to dispute the completeness and accuracy of my OSBI and national CHRI and I will receive dispute procedures when provided the CHRI;
5. a final determination, based upon my national CHRI, is not made until I have been given a reasonable time to dispute this information or have declined to do so; however, during this time temporary actions may be taken to protect children;
6. I will be prohibited from association with child care programs when criminal history prohibitions or restrictions are found, unless a criminal history restriction waiver requested by the child care program and granted by Licensing;
7. OSBI will retain my fingerprints in the Automated Fingerprint Identification System and will notify LRO of any future Oklahoma criminal arrests through the Record Of Arrest And Prosecution (RAP) Back service. LRO will notify any program or GAO where I am associated;
8. by completing this form a background investigation is conducted; and
9. my registration on the Child Care Restricted Registry may occur when a background investigation reveals a specified criminal history.

I certify the information provided on this form is true and complete.

\_\_\_\_\_  
**Signature** of individual for whom request is made

\_\_\_\_\_  
Date