

PRACTICUM/INTERNSHIP APPLICATION
Oklahoma County Juvenile Detention Center
5905 N. Classen Court
Oklahoma City, OK 73118
405.713.6943

Name: _____
(Last) (First) (M.I.)

Maiden Name (if applicable): _____

Address: _____
(Street address- include mailing if different)

(City) (State) (Zip)

Phone: _____ (home) _____ (work)

Which number is best to contact you? _____ **Time:** _____

Social Security #: _____

Education

School Attending: _____

**Hours needed for
Practicum/Internship:** _____

General Information

**How did you learn of our Practicum/Internship
program?:** _____

**What days/times are you available to complete your needed
hours?:** _____

**Any physical
limitations?:** _____

Have you ever been convicted of a felony? _____ **yes** _____ **no**
**If you answered yes, please provide date, offense, and any sanctions
imposed** _____

In case of emergency, contact

(Name) (Relationship)

(Phone #)

(Full address)

***I certify that I am the above individual and understand that falsification of any information given on this form could invalidate my participation in the program.**

Signature

Date

Please send completed applications to:

**Attn: Tayler Wolfe
Oklahoma County Juvenile Detention Center
5905 N. Classen Court
Oklahoma City, OK 73118
Phone: (405) 713-6943
Fax: (405) 713-6617**

Authorization for Release of Information

Applicant: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (City) (State) (Zip)

Birth Date: _____ **Sex:** _____ **Social Security #:** _____
(Month/Day/Year)

Drivers License#: _____

State: _____

This authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize to be released will be used to verify information provided in your application and is necessary for a specific position. If any information you have provided is determined to be false after acceptance, your program will be terminated immediately. Information determined to be false prior to acceptance will result in your not being placed with the program.

The information obtained as a result of our signature on this authorization will be furnished to the designated officers and employees of Oklahoma County to verify information necessary to process your application.

This authorization for Release of Information constitutes my consent and authority to examine and/or obtain copies and abstracts of records and to receive statements and information regarding my background. I hereby authorize the release of the following data, records, and information to Oklahoma County:

Military, Education, Police & Criminal, and Employment

(Military, education, police & criminal, and employment information must be verified on every person working or volunteering in the juvenile system. Credit will not be checked for volunteer positions.)

Signature of Applicant _____ **Date**