



# Community After School Program

1023 North Flood Avenue  
Norman, OK 73069  
(405) 366-5970  
www.caspinc.org

## State of Oklahoma Department of Human Services Child Care Staff Information Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Local Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Are you at least 16 years of age? YES  NO

Are you at least 18 years of age? YES  NO

Are you at least 21 years of age? YES  NO

### Education

Are you currently attending high school? YES  NO

If Yes, where? \_\_\_\_\_

If No, did you graduate? YES  NO

If No, did you receive your GED? YES  NO

Are you currently attending college? YES  NO

If Yes, where? \_\_\_\_\_

What is your Major? \_\_\_\_\_

Are you a college graduate? YES  NO

If Yes, what degree did you receive? \_\_\_\_\_ When? \_\_\_\_\_

Do you hold a CCP, CDA, or Certificate of Mastery? YES  NO

## Experience

Experience in group care of children:

## Personal References

*Initial application only. List three persons not related to you, who are familiar with your child care practices.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Background

Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others?:

YES

NO

Do you have any pending charges from the crimes listed above:

YES

NO

If yes, provide additional information below:

Please submit a brief description of why you are volunteering your services to the Community After School Program.

## Disclaimer and Signature

*I hereby certify that this information is true and complete to the best of my knowledge. I also authorize a complete background check, including verification of education and employment, reference check, and criminal background check.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Questionnaire

**Program hours are: 6:30-7:45 am for Before School Program and/or 2:30-6:00 pm for After School Monday-Friday.**

Please list the days and hours you are  
available to volunteer your services: \_\_\_\_\_

**Please complete the following questions in order to help us to get to know you better. Please note this is not a test and we are not looking for specific answers.**

1. What activities are you hoping to participate in with the children while volunteering at CASP?

\_\_\_\_\_

2. How would you deal with a child who will not cooperate or follow instructions?

\_\_\_\_\_

3. How did you hear about the Community After School Program?

\_\_\_\_\_