



# POST ADJUDICATION REVIEW BOARD VOLUNTEER APPLICATION

\_\_\_\_\_  
Name Applying for what board? (County Name)

How did you become aware of PARB? \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (CITY) (ZIP) (COUNTY)

\_\_\_\_\_  
HOME PHONE E-MAIL

\_\_\_\_\_  
EMPLOYER ADDRESS CITY ZIP

\_\_\_\_\_  
WORK PHONE May we call you at work? \_\_\_\_\_ How long have you worked for this employer? \_\_\_\_\_

Position: \_\_\_\_\_ Work hours: \_\_\_\_\_

PROFESSIONAL/CIVIC ORGANIZATIONS YOU BELONG TO:

EDUCATION AND LIFE EXPERIENCE THAT WOULD AID YOU IN REVIEWING CASES:

REFERENCES:

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS CITY ZIP PHONE

\_\_\_\_\_  
NAME RELATIONSHIP ADDRESS CITY ZIP PHONE

THE REVIEW BOARD MAY MEET DURING THE DAY AT THE COURTHOUSE. ARE YOU WILLING AND ABLE TO ATTEND REVIEW BOARD MEETINGS AND CARRY OUT ASSIGNED DUTES AS A BOARD MEMBER? \_\_\_\_\_

ARE YOU WILLING TO ATTEND TWO HOURS OF TRAINING ANNUALLY? \_\_\_\_\_

DO YOU UNDERSTAND THAT ALL INFORMATION CONCERNING CASE REVIEWS AND CHILDREN INVOLVED WITH THE COURT IS CONFIDENTIAL? \_\_\_\_\_

ARE YOU WILLING AND ABLE TO ABIDE BY THE LAWS REGARDING CONFIDENTIALITY? \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN INVOLVED IN A SUBSTANTIATED CHILD WELFARE CASE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED AND/OR PLEAD GUILTY/NO CONTEST/CONVICTED OF A CRIME? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \_\_\_\_\_

WHY ARE YOU INTERESTED IN SERVING ON THE REVIEW BOARD?

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
JUDGE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

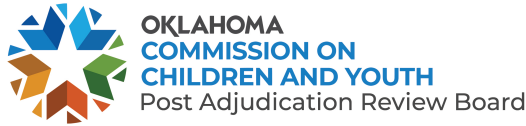
PLEASE RETURN ONE SIGNED COPY TO:  
Keith Pirtle, PARB Program Manager  
Oklahoma Commission on Children and Youth  
2915 North Classen Blvd, Suite 300 Oklahoma  
City, OK 73106  
Fax: (405) 528-0455

All applications are subject to the approval of the Commission on Children and Youth

Revised October 2025

# POST ADJUDICATION REVIEW BOARD

## COMMITMENT TO PARTICIPATE



I agree to serve as a member of the Post Adjudication Review Board (PARB). In doing so, I make the following assertions:

- I will serve a five-year term;
- I will participate in at least one training session per year as designated by the Commission on Children and Youth
- I understand that information contained in case records as well as that which is conveyed during the review is confidential; and
- My participation will be guided by my understanding of the best interest of the child, in accordance with Oklahoma law.

I agree not to disclose any of the information I receive in connection with my participation in a Case Review to any person not a member of the Review Board. I further acknowledge that a violation of this part of the agreement may result in a civil or criminal action against me for unlawful disclosure of confidential information.

Finally, I understand that my board membership may be terminated if there is reason to believe that:

- My participation during a review is inappropriate or insensitive to clients or service providers; or
- I have breached the confidentiality regulations, as specified above.

I have read the above and agree to abide by all provisions.

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Review Board Member

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Date

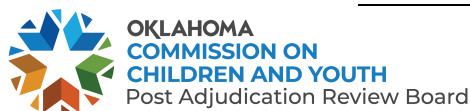
This agreement will expire three years from the date of appointment.

PLEASE RETURN ONE SIGNED COPY  
TO: Keith Pirtle, PARB Program Manager  
Oklahoma Commission on Children and  
Youth 2915 North Classen Blvd, Suite 300  
Oklahoma City, OK 73106

Office: (405) 606-4922  
Cell: (405) 885-5806  
Fax: (405) 528-0455

# POST ADJUDICATION REVIEW BOARD

## CONSENT FOR RELEASE OF BACKGROUND CHECK INFORMATION



I hereby authorize the Oklahoma State Bureau of Investigation and its duly authorized agents and employees to receive and/or furnish to the **Oklahoma Commission on Children and Youth** for the purpose of becoming or renewing membership on the **Post Adjudication Review Board** information obtained from a criminal background check.

I understand that my records cannot be disclosed without my written consent and that information obtained under this release may not be re-disclosed.

This consent expires six (6) months from date of signature.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month Day Year

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

Address: \_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Signature

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