

Stillwater Medical Center

APPLICATION FOR VOLUNTEER SERVICES

CONTACT INFORMATION:			
Name:		Date:	
Address:			
	City	State	Zip
Phone:		Email:	
Employer (if applicable):		Phone:	
Contact in Case of Emergency:			
Name	Relationship	Phone	
PERSONAL INFORMATION:			
How did you become interested in our volunteer program?			
Have you volunteered for this organization before?		Yes	No
If yes, when?			
Education:			
Work Experience:			
Volunteer Experience:			
Indicate hobbies, skills, special interests, foreign language or sign language skills:			
Please give any other information you feel pertinent to your application:			
REFERENCES:			
1.	Name:	Phone:	
	Email:		
2.	Name:	Phone:	
	Email:		
Application Signature:		Date:	

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual preference/orientation, qualified disability and veteran status.

Please return to: Jeffery Corbett, Sr Dir of Volunteer Engagement

E-mail: jcorbett@stillwater-medical.org Mail: PO Box 2408, Stillwater, OK 74076

Drop of at Lobby Desk at Main Entrance of SMC

Office: 405.742.5680 Mobile: 405.747.6795