

Karman Korner

APPLICATION FOR VOLUNTEER SERVICES

CONTACT INFORMATION:			
Name:	Date:	DOB:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			
AVAILABILITY: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
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.

Return completed form to: Whitney Johnson, Store Manager

E-mail: wjohnson@stillwater-medical.org

or Mail: 819 S. Main Street, Stillwater, OK 74074

Phone: 405-377-6410