

# Stillwater **Medical**

## 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? <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:			
REFERENCES:			
1.	Name:	Phone:	
	Email:		

2. Name:	Phone:
Email:	
<b>Application Signature:</b>	<b>Date:</b>

**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: Lisa Eckels, Volunteer Coordinator, 1323 West Sixth, Box 2408, Stillwater, OK 74076. E-mail: [leckels@stillwater-medical.org](mailto:leckels@stillwater-medical.org)  
Phone: 405.742.5680 Cell: 405.714.8899