



VOLUNTEER ENROLLMENT APPLICATION

 Name (Last) (First) (Middle)

 Date of Birth

 Mailing Address City State Zip

 Work Telephone Home Telephone Cell Phone

 Email: Emergency Contact Telephone Number

What volunteer jobs are you interested in? _____

List any professional license, registration, or certificate you currently possess (include certificate/license number):

List any special skills, interests, or hobbies: _____

List any special considerations or needs: _____

List two (2) personal references not related to you whom you have known for more than one (1) year:

 NAME

 ADDRESS

 CITY/STATE ZIP

 PHONE

 NAME

 ADDRESS

 CITY/STATE ZIP

 PHONE

List your most recent volunteer or employment experience:

 EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

 JOB TITLE DATES OF VOLUNTEER/EMPLOYMENT

Specify the days and time frames you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

How did you hear about our Volunteer Program? _____

Have you ever experienced domestic violence, sexual assault and/or stalking? Yes/No

Has a Protective Order been filed against you? Yes/No

Are you a registered Sex Offender? Yes/No

Have you ever been a client of CCCCI? Yes/No If yes, when _____

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

I understand that, to protect persons served by the Community Crisis Center, Inc., a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain offenses will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the CCCCI regardless of the offense. I understand upon submission of this application it may become public record.

I understand and agree that all information as it relates to persons served by the CCCCI is to be held confidential in compliance with Oklahoma Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

_____/_____/_____
Signature Date

**INTERVIEWER'S COMMENTS
(For Agency Use Only)**

Date of Interview: ____/____/_____
WORK ASSIGNMENT:

Interviewer's Name: _____