



VOLUNTEER APPLICATION

APPLICANT INFORMATION:

Date of Application: _____

Full Legal Name: (First) _____ (Middle) _____ (Last) _____

Volunteer activity interest area: _____ Date Available _____

Residence Address _____ City _____ State/Zip _____

Mailing Address (if different) _____ City _____ State/Zip _____

Day Phone _____ Night Phone _____ Cell Phone _____ E-mail Address _____

Social Security #: _____ Are you over the age of 16? Yes ___ No ___

Have you ever volunteered here before? Yes ___ No ___ When? _____ If yes, what capacity? _____

Have you ever been employed here? Yes ___ No ___ When? _____ What Position(s)? _____

How did you learn about White Fields? _____

EDUCATION AND LICENSING: Include high school, vocational school and colleges you have attended. All educational claims are subject to verification. Transcripts may be requested at a later time.

Name of School	City/State	Years Completed	Diploma or Degree	Area of Study

List any professional or occupational licenses (include the license number, issuing state, and expiration date), certificates, certifications or registrations you hold:

Please list any Civic Organizations or Associations you are a member of or are actively involved in:

Current Employer

Name and Mailing address of Current Employer	Date Employed	Job Title	Supervisor Name & Phone Number

BACKGROUND:

Have you ever been convicted of, or pled guilty, or "no contest" to a felony? Yes ____ No ____
If yes, state the offense, date, court, city and state where conviction occurred.

*Note: Conviction of a felony may or may not disqualify you for the position under consideration.
Under Oklahoma law, conviction of certain crimes is an automatic disqualification for working with children.*

DRIVING RECORD: (Complete this section only if applying for a position which will require driving on the job.)

Do you have a valid driver's license? Yes ____ No ____ State of Issue _____ Any restrictions? _____
Have you been ticketed for a moving violation within the last 5 years? Yes ____ No ____ If yes, what type, when, where? _____

VOLUNTEER EXPERIENCE: Please list all relevant experience.

Name of Organization	Date Volunteered	Role	Phone No.

Description of volunteer activity performed: _____

Name of Organization	Date Volunteered	Role	Phone No.

Description of volunteer activity performed: _____

Name of Organization	Date Volunteered	Role	Phone No.

Description of volunteer activity performed: _____

Name of Organization	Date Volunteered	Role	Phone No.

Description of volunteer activity performed: _____

OTHER INFORMATION:

Do you consider yourself to be computer literate? Yes _____ No _____ List software programs with which you are proficient. _____

What special skills might you have that would be beneficial to assisting our residents in ? _____

What experience do you have working with emotionally disturbed children and youth? _____

What experience do you have working with persons from cultural and ethnic minorities? _____

Why are you interested in volunteering for White Fields? _____

How do you feel you can benefit White Fields residents? _____

In the space below, please provide any additional information you believe will be helpful to us in assessing your qualifications for the volunteer position under consideration. The back of this page may be used, if necessary.

APPLICANT'S CERTIFICATION:

PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of volunteer status. I authorize the past agencies, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or volunteer record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as White Fields, Inc. may make regarding driving records, law enforcement records and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the volunteer position for which I am applying.

I understand that nothing contained in this application is intended to create a contract between White Fields, Inc. and myself.

I understand that, if I am accepted as a volunteer, White Fields, Inc. may require me to pass a medical exam prior to the commencement of any volunteer work. I also understand that drug and/or alcohol tests may be required; and that refusal to submit to such tests when asked by White Fields, Inc. shall be considered sufficient reason for denial of volunteer status.

I understand that if accepted as a volunteer, the policies and rules which are issued by White Fields, Inc. may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND, IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, PLEASE DO NOT SIGN BEFORE DISCUSSING WITH AN AUTHORIZED REPRESENTATIVE OF WHITE FIELDS.

Applicant's Signature _____ Date _____