

DOWNTOWN OKLAHOMA CITY LOCATION VOLUNTEER

APPLICATION (Circle One): **ADULT** **TEEN**
Adult(18 years and up) Volunteer Program(must be 14-18 years and in HS)

Name:	(Name must be legal full name)		
Address:	City	St	Zip
E-Mail:	(Email <u>must</u> be student's not parent if under 18yrs)		
Mobile Phone:	() _____ - _____ Note: Mobile must be student not parent if under 18 yrs.	SS# (Ex: 000-00-0000) _____ - ____ - _____	Birthdate: _____/_____/_____ Mo. Day Year

REFERENCES: Please list school, personal, or business references whom we may contact (NO RELATIVES)

Name	Relationship	Email or Phone #

EDUCATION HISTORY:

School (City & State)	Degree/Diploma	Completion Date

WORK HISTORY: (Not required if under 18 years of age)

Employer (City & State)	Position	Employed From & To Dates

I am a student interested in the healthcare field Yes_____ No_____ How did you hear about us?_____

I am an adult wishing to give back through volunteerism Yes_____ No_____ How did you hear about us?_____

Note: ALL VOLUNTEERS ARE REQUIRED TO HAVE THE COVID VACCINE PRIOR TO APPLICATION PROCESS

Have you ever been convicted or pled guilty/no contest to a felonious offense? Yes_____ No_____

(If yes, list date, place and nature of each conviction on back)

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the organization or any affiliate. Should I be accepted to volunteer and later it is found that the information is significantly untrue, incomplete or misrepresented, I understand and agree that the organization or its affiliates are relieved of all commitments and that I am subject to immediate dismissal. I understand that I will not receive payment for my services as a volunteer.

Print Volunteer Name

Signature(Parent if under 18 years)

Date

PLEASE RETURN COMPLETED APPLICATION TO:

Email: adultvolunteers@ouhealth.com

Jonie Welle, Director of Adult and Teen Volunteer Services, OU Health/The University of Oklahoma Medical Center Adult Towers