



OU Medical Center Downtown Campus

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

Name:			
Address:	CITY ST ZIP		
E-Mail:			
Mobile Phone:	() _____ - _____	Last 4 digit SS -----	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:

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

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) How did you hear about us? _____

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:

Jonie Welle, Director of Adult and Teen Volunteer Services, OU Health/The University of Oklahoma Medical Center Adult Towers
 700 NE 13th St., Oklahoma City, Oklahoma 73104
 Email: adultvolunteers@ouhealth.com