



EASTER SEALS OKLAHOMA VOLUNTEER INFORMATION FORM

CONTACT INFORMATION

DATE: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home/Cell Phone: _____

Birthdate: _____ Social Security Number: _____ (For Background Check)

EMERGENCY CONTACT

Please give us the name and phone number of two people we can contact on your behalf in case of emergency while at Easter Seals Oklahoma.

Name: _____ Home/Cell Phone: _____

Name: _____ Home/Cell Phone: _____

REFERENCES

Please provide one professional reference (if in school, please provide a teacher/professor reference).

Name: _____ Relationship: _____

Company/School: _____ Work/Cell Phone: _____

Please provide one personal reference.

Name: _____ Relationship: _____

Company/School: _____ Work/Cell Phone: _____

TYPE OF WORK DESIRED (Please check all that you are interested in):

- | | | |
|--|---|--|
| <input type="checkbox"/> ADULT PROGRAMS | <input type="checkbox"/> CHILDREN'S PROGRAMS | <input type="checkbox"/> OFFICE WORK |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Teaching | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Reading/Storytelling | <input type="checkbox"/> Reading/Storytelling | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Music | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Dancing | |
| <input type="checkbox"/> Cooking/Kitchen | <input type="checkbox"/> Helping with play groups | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> Music | <input type="checkbox"/> Intergenerational Activities | <input type="checkbox"/> Blast from the Past |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Peer Integration Program | <input type="checkbox"/> REDMAN Triathlon |

Other (specify): _____

INTEREST & INVOLVEMENT

How did you hear about Easter Seals Oklahoma? _____

What times are you available? (In between the times of 8:00am and 6:00pm)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Length of expected commitment to Easter Seals Oklahoma: _____

Have you volunteered for other organizations before? If so, where? What did you do there?

Please list any previous experience or skills that would pertain to this volunteer opportunity.

What do you hope to gain from this volunteer experience?

- | | | |
|--|--|--|
| <input type="checkbox"/> New Job Skills | <input type="checkbox"/> References | <input type="checkbox"/> Course Credit |
| <input type="checkbox"/> New Social Contacts | <input type="checkbox"/> Career Change Exploration | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Constructive Use of Free Time | | |

EDUCATION

High School Attended: _____ Graduated Yes No

College #1 Attended: _____

Graduated Yes No Degree: _____

College #2 Attended: _____

Graduated Yes No Degree: _____

WORK HISTORY

Most Recent Position Held: _____

Employer: _____ Phone: _____

Employer's Address: _____

Employed From: _____ To: _____
(Month/Year) (Month/Year)

BACKGROUND CHECK

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, please explain: _____

Those who volunteer 10 hours per month or more are subject to a Level II background screening at the volunteer's expense (approximately \$30-\$60). Checks are to be made payable to Easter Seals Oklahoma. Volunteers will be reimbursed after completing 60 total hours of volunteer work and will also receive a volunteer t-shirt.

T-shirt Size: S M L XL XXL

It is the policy of Easter Seals Oklahoma to afford equal opportunity to all qualified persons regardless of race, age, national origin, disability, color, religion, sex or other artificial barrier.

With my signature, I certify that all answers given by me are true, accurate, and complete. I agree to participate in all necessary background screenings.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application.

VOLUNTEER SIGNATURE: _____ **DATE:** _____