



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Application for Volunteer Service



Program division

Personal

Last name		First		Middle initial	
Date of birth			Sex	Social Security number	
Home street address		City		State	Zip
Business street address		City		State	Zip
Home phone			Business phone		
E-mail address					
Marital status			Spouse's name		

Have you or any member of your family or household ever been arrested for or convicted of a criminal action other than a minor traffic violation? Yes No
If yes, please explain.

Do you own a car? Yes No Current driver license no.: _____

Do you have liability insurance? Yes No

Insurance company name and policy no.: _____

Do you have a physical condition which might interfere with volunteer activities? Yes No If yes, please explain:

Education

Please check last year completed in school:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Major subject

Minor subject

Business or trade school: _____

Other training: _____

Previous or current occupation: _____

Interests

Have you ever participated in any work with youth? Yes No

If yes, please list the organization and type of work performed.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please list any interests, hobbies, skills.

Do you speak fluently any language other than English? Yes No

If yes, please specify. _____

Briefly, explain why you wish to be a volunteer.

General information

Assignment preferences. Please mark the appropriate box(es).

- Adult services Children's services Senior services
- Special projects Services to people with developmental disabilities
- Short-term volunteer service Long-term volunteer service
- BOTH short-term and long-term volunteer service

How did you hear about the OKDHS volunteer program?

References

Please list three character references. At least two should be non-relatives you have known for more than two years.

First reference's name				
Street address		City	State	Zip
Area code	Phone number		Occupation	
Second reference's name				
Street address		City	State	Zip
Area code	Phone number		Occupation	
Third reference's name				
Street address		City	State	Zip
Area code	Phone number		Occupation	

I certify that the above information is correct and true to the best of my knowledge. I authorize OKDHS to use the above information in completing an investigation of official files of criminal and traffic violations and the Central Child Abuse Registry, Department of Public Safety, and other applicable background checks.

Applicant's signature

Date

Note: Failure to sign this form will result in cancellation of your application.

This form is completed in duplicate by the volunteer applicant at the time of the personal interview or in preparation for it.

The original form is routed to the division volunteer program administrator of the program in which the volunteer will be assigned. If the volunteer will be providing services to more than one client population, duplicate and route the form to appropriate State Office units. A copy is retained in the local file.