



APPLICATION (ADULT AND TEEN) Adult 18 years and older/Volunteer Program must be 14-18 years and in HS

Name:			
Address:	CITY	ST	ZIP
E-Mail:			
Primary Phone:		Secondary Phone:	

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

Name	Relationship	Phone Number

EDUCATION HISTORY:

School (inc. City & State)	Degree/Diploma	Completion Date

WORK HISTORY:

Employer (inc. 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
 Email: adultvolunteers@ouhealth.com