

**NSO**

ADVANTAGING THE DISADVANTAGED

VOLUNTEER APPLICATION

"We are a faith-based organization serving the at risk and homeless population by providing housing solutions and teaching skills to transform lives"

Volunteer Name; (First, Middle) _____ Last Name: _____

Mailing Address: _____ City, State _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Under 18 years? Yes No Over 18 years? Yes No Physical Limitation? Yes No

DOB _____ SSN _____ Driver's License # _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Would you like to be on our mailing list? Yes No E-Mail Address: _____

Current Occupation: _____

Name of Employer: _____

Background Check

For the protection of everyone, Neighborhood Services Organization requires a criminal history check on every volunteer prospect. The background check forms are attached. Please fill out the consent form.

Volunteer Opportunities (Please check which one(s) you will be interested in.)

Case Manager's Assistant Child Care Sponsoring an apartment and/or family Office Assistant Special Events

Dental Clinic WIC Clinic Donation Clean Up Beautification (yard work, painting, etc.) Other _____

Why do you want to volunteer? _____

How did you hear about NSO? _____

In which areas of Oklahoma County do you wish to volunteer?

North OKC South OKC West OKC Central OKC Bethany No preference

volunteer Orientation: (note: this process varies for groups)

All volunteers will need to attend a volunteer orientation. At your orientation, you will fill out any additional paperwork needed, go over the volunteer handbook, and discuss what you will be doing. You will also get a tour of our facilities and meet the case manager for the program for which you will be volunteering. At this time the volunteer coordinator will answer any questions you have. Orientation is scheduled as needed or upon request.

Time Availability: Check days you are available. *NOTE: We need COMMITTED volunteers that can volunteer on a regular basis.*

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Educational Background: (Circle highest grade completed in each school category)

High School				Trade School				College				Graduate School									
9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4	5	6				
Name of educational institution				Location (City & State)				Did you graduate? If yes, when				Degree Major				Certification					

Skill/Trade: _____

How can your skill benefit our agency: _____

Volunteer References: (please list 2 prior volunteer experiences you have done)

Agency Name: _____

Contact Person _____ Phone _____

Agency Name: _____

Contact Person _____ Phone _____

I certify that the above information is correct and best to my knowledge. I authorize NSO to investigate all statements contained in this application. I understand any false information given can result in my application being denied.

Volunteer's Signature

Date

FOR OFFICE USE ONLY

Date Received:	
Date of Orientation:	
Date of Background Check:	Passed <input type="checkbox"/> Yes <input type="checkbox"/> No
Results (if no):	
Placement:	
Staff Signature:	

Please fax applications to (405) 236-1871
Attention: Aurora Burdette, Volunteer Coordinator