

Volunteer Application

Phone: (918)893-6150 Fax: (918)893-6152

Please return to: Clarehouse

7617 S. Mingo Road

Tulsa, OK, 74133

Date ____/____/____

Full Name_____

Street Address_____

City_____State_____Zip_____

Home Phone(____)_____ Work Phone(____)_____

Please include your Cell phone number if you would like to receive messages via text. (____)_____

E-Mail_____

Special Skills and Hobbies

____ Computer

____ Typing/Word Processing

____ Clerical Skills

____ Organizational

____ Healthcare

____ Cooking

____ Gardening

____ Arts and Crafts

____ Photography

____ Writing/Editing

____ Telephone Skills

____ Listening Skills

____ Carpentry

____ General Repairs

____ Public Speaking

____ Fund-raising/special events

____ Music

____ Other (please list):

Volunteer Service Preferred

____ Receptionist/ Hostess

____ Clerical Assistant

____ Household Assistant

____ Gardener

____ Handyman

____ Special Events Assistant

____ Caregiver–Licensed Professional

____ Care Assistant

____ Friendly Visitor

____ Spa Services Assistant

____ Musician

Why do you wish to be a Volunteer at Clarehouse? _____

Would you be able to commit to volunteer for at least 6 months?

Yes No Maybe

Preferred Times:

Days: Mon Tues Wed Thurs Fri Sat Sun

Times: Morning Afternoon Evening

How Often: Times/Week Time/Month Other _____

Current or Most Recent Employment Information

Company	Phone ()	From Mo / Yr	To Mo / Yr
Street Address	City	State	Zip
Job Title	Duties		
May we call you at work?			

Volunteer Experience

Where	Services Performed	Dates of Service

Personal References

Name	Address	Phone	Relationship

Have you ever been found guilty, pled no contest, or had a conviction for any criminal act other than a minor traffic violation? If yes, please explain: _____

Do you have any health conditions that require special precautions when in personal contact with others? If yes, please explain: _____

Clarehouse

Request of Information and Consent for Background Check

Due to the nature of our care, for the protection and safety of our corporation and most importantly, our guests and families, we must perform criminal background checks on all employees and volunteers. Your completion of and signature on this form will give us permission to do a criminal history background check, which may include checking with the Oklahoma State Bureau of Investigation, Department of Public Safety, the Nurse Aide registry or other professional licensing agencies. Information gained from these checks may bar you from employment or volunteering with this agency.

Name (Last, First, Middle)

Maiden Name

Other Names Uses (aliases, married names, etc.)

Mailing Address

Sex: M or F Date of Birth: _____ Race: _____

Social Security Number _____

The above is true and correct to the best of my knowledge.

Signature of Applicant

Date

Sent date/Initials _____

Received date/Initials _____