



VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Any special talents or skills you have that you feel would benefit our organization?

Please tell us in which areas you are interested in volunteering.

_____ Administration

_____ Events

_____ Programs

_____ Fundraising

_____ Communication

Available days: Mon Tues Wed Thur Fri Sat Sun

Available times: From _____ To _____

Volunteer hours are for: (check all that apply)

_____ Service Project for school / college

_____ Court ordered

_____ Fun / giving back to the community / personal growth

In case of emergency contact:

Name: _____

Phone: _____

Signature: _____ Date: _____

Please return to Christina Collins at 904 W. 11th Ave. Stillwater, OK or by email to christina.collins@stillwatergrouphomes.org