



INDIAN HEALTH CARE RESOURCE CENTER OF TULSA

550 South Peoria Tulsa, OK 74120
Phone: (918) 588-1900 FAX: (918) 582-6405

Volunteer Application Personal Information

Name: _____ Birth date: _____ Phone: _____
Last First M.I.

Home Address _____

City: _____ State: _____ Zip Code: _____

Tribal Affiliation: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____ Address: _____

Areas of Interest

(Please check all boxes that apply)

1. What groups of people are you interested in working with?

Children Youth/Teens Senior Citizens Physically Handicapped Mentally Handicapped
Persons with Drug or Alcohol Related Problems Other (Please Specify) _____

2. What type of volunteer duties would you prefer?

Child Care Services Providing Direct Service or Companionship Recreational Activities
Typing & Clerical Duties Art Activities Counseling Individual Clients General Assistance of
Director of Staff Working with Specific Client Groups (Youth, Drug Recovery, etc.)
Other (Please Specify) _____

3. What are your special interests, hobbies and/or skills?

4. Indian Languages: Spoken _____ Written _____

5. Are you interested in:

An ongoing assignment An ongoing assignment and periodic special projects Short term projects
Other (Please Specify) _____

6. Time available for Volunteer Service:

Preferred days:

Monday Tuesday Wednesday Thursday Friday Saturday

Time of day:

Morning Afternoon Evening Other (Please Specify) _____

Number of hours projected per week _____

Volunteer Experience

List previous volunteer experience:

1. 2. 3.

Company Name:	_____	_____	_____
Address:	_____	_____	_____
Position:	_____	_____	_____
Dates (From/To):	_____	_____	_____
Supervisor:	_____	_____	_____
Telephone:	_____	_____	_____
Reason for leaving:	_____	_____	_____

Employment History

List current or most recent employment first:

1. 2. 3.

Company Name:	_____	_____	_____
Address:	_____	_____	_____
Position:	_____	_____	_____
Dates (From/To):	_____	_____	_____
Supervisor:	_____	_____	_____
Telephone:	_____	_____	_____
Reason for leaving:	_____	_____	_____

References

Please list three references that are not related to you. If possible, please list employees from an organization you have previously volunteered for:

1. 2. 3.

Name:	_____	_____	_____
Address:	_____	_____	_____
Relationship:	_____	_____	_____
Telephone Number:	_____	_____	_____

Additional Training and Skills

Please list three references that are not related to you. If possible, please list employees from an organization you have previously volunteered for:

Special Training: _____
Skills: _____
Education: High School _____ College _____
Other: _____

IHCRC Certification Record

I, _____, volunteer my service to IHCRC and understand that I am not employed by IHCRC. I also understand that by registering with the IHCRC Volunteer Program, I may choose the volunteer jobs referred to and I am under no obligation to accept any placement unless I choose to do so. The above application statements are true and complete to the best of my knowledge.

Signature of Volunteer

Date

IHCRC Use

Referral Department Date

1. _____
2. _____
3. _____

Placement Date

1. _____
2. _____
3. _____

(Job Description in File)