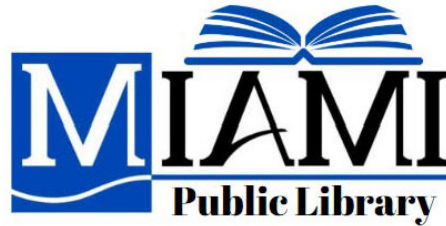


Appendix G – Volunteer Application



200 N Main St Miami, OK 74354 | 918-541-2292

Volunteer Application

Contact information		
First Name _____	Last Name _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Phone _____	Email _____	
Date of Birth (if under 18) _____		

Emergency contact	
Name _____	Phone _____

Availability	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
From _____ am/pm to _____ am/pm	
<input type="checkbox"/> Long Term Volunteer <input checked="" type="checkbox"/> Casual Volunteer <i>(30 or more hours for 6 months or longer)</i> <i>(less than 30 hours and/or less than 6 months)</i>	

What is your reason for volunteering?		
<input type="checkbox"/> Court-ordered	<input type="checkbox"/> School/college	<input type="checkbox"/> Other _____