



Friends of CREOKS - Volunteer Application

Please complete this application so that we can discover more about you, your interests, your skills, and the reasons that you are interested in volunteering with us.

Personal Information:

Name: _____

Street Address/P.O.Box _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

How did you hear about CREOKS Behavioral Health Services?

Education:

Highest Level of Education: _____

Are you currently enrolled in school? Yes No

If so, where? _____

Employment:

Current, or most recent, employer, if applicable: _____

Position/Title: _____

Dates of Employment: _____

Company/Employer: _____

Address: _____

Reasons for Volunteering:

Why are you interested in volunteering with CREOKS Behavioral Health Services? Please indicate if this is for a scholarship, school or college/university community service project.

What do you hope to gain from volunteering?

Experience:

Special Training, Skills, Hobbies:

Groups, Clubs, Organizational Memberships:

Please describe your prior volunteer experience (include organization names and dates of services):

What experience have you had that may prepare you to work as a volunteer in the field of mental health and substance abuse services?

Availability to Volunteer:

Please list the times that you will be available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Criminal Background Information:

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of conviction and disposition.

References:

Please list 3 people (not related to you) who know you well and can attest to your character, skills, and dependability:

Name	Relationship	Daytime Phone	E-mail Address
1. _____			
2. _____			
3. _____			

Please read the following carefully before signing the volunteer application:

I understand that this is an application for and not a commitment or promise of a volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this volunteer application and in interviews with CREOKS Behavioral Health Services that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application will be verified by CREOKS Behavioral Health Services. I understand that a criminal history record check, through the Oklahoma State Bureau of Investigation, will be run as a component of the volunteer application process. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with CREOKS Behavioral Health Services or my termination as a volunteer.

Signature: _____ Date: _____

Please return completed application to the Marketing Director at the amber.gutierrez@creoks.org or via fax (918) 392-3471.