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Owasso Community Resources

VOLUNTEER REGISTRATION

Date _____

Contact Information

Name _____ M____ F____ Date of Birth _____
First Middle Last

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

County _____ Home E-mail Address _____

Place of Employment _____ Business Phone _____ Ext. _____

In case of emergency, please notify:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Business Phone _____

Demographics

The following information is used only to determine the diversity of Owasso Community Resources. Completion is OPTIONAL. However, it is helpful in developing a complete record of our program. All information will be kept confidential.

Caucasian Native American Hispanic African American Asian/Pacific Islander Other

Skills & Experience

What skills do you have that you would bring to a volunteer opportunity? (Painting, woodworking, mowing, organizing, etc.)

Auto Repair
Painting
Woodwork

Organizing
Decorating
Mowing

Debris/Tree Removal
Animal Care
Leadership

What work/labor experience do you have that you would bring to a volunteer opportunity?

- | | | |
|----------------|--------------------|----------------------------------|
| Clerical | Technical Support | Marketing/Advertising |
| Data Entry | Teaching | Financial recordkeeping |
| Grant Writing | Civic Duties | Previous Board Member |
| Event Planning | Microsoft Programs | Foreign Language /Interpretation |
| Other(s) | | |

Are you currently volunteering with another group? Y / N

Please list any previous volunteer service(s) provided.

Volunteer Assignment Preferences

What volunteer opportunities / areas of service interest you the most?

- | | | |
|----------|------------------|------------------|
| Children | Food Pantry | Office Support |
| Elderly | Fundraising | Outdoor Projects |
| Families | Holiday Projects | Scrap Booking |

Other(s) _____

Why do you want to volunteer?

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Future Events & Updates

We want to keep volunteers informed of important news, schedules, and opportunities by email. Please select below the kinds of email you would like to receive from Owasso Community Resources.

- _____ Annual Programs
- _____ Electronic Newsletter (4 per year)
- _____ Projects
- _____ Schedule Reminders
- Other _____

Character

Have you ever been convicted of any crime? Yes / No
If yes, when, where, and what was the disposition of the case? _____

Photo / Video Release

I give my permission to Owasso Community Resources to use photographs, and/or video, and/or audio of me obtained while participating with OCR. I release OCR and its sponsoring organizations from any and all liabilities arising from the use of these items for publicity purposes and waive all rights to negatives, photos, tapes, and reproductions, as well as waive my rights to inspect or approve the finished photographs and/or tapes.

Volunteer Signature _____

Volunteer Drivers Statement for Ages 18 and Older

I hereby allow Owasso Community Resources to verify that I am using a valid driver's license. I volunteer my services through Owasso Community Resources and understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the state of Oklahoma (\$10,000/\$20,000/\$10,000).

Drivers License Number _____ Issuing State _____

Volunteer Signature _____ Date _____

Memorandum of Understanding

1. Owasso Community Resources conducts intake interviews with potential volunteers to determine basic information such as availability and general interests. From this information, Owasso Community Resources refers people based on the job descriptions provided by the individual/agency.
2. Neither the volunteer nor the individual/agency is obligated to accept the referral.
3. Owasso Community Resources assumes no responsibility for volunteers referred to an individual/agency.
4. The volunteer is responsible for being dependable, sincere in the offer of service, and believe in the value of the task to be done. In doing this, you will maintain the dignity and integrity of the services offered by Owasso Community Resources and help to build a stronger and caring community.
5. The volunteer will report to Owasso Community Resources any changes in the above information.
6. I give permission for OCR to perform a criminal history check for a safe volunteer environment, of which the report would remain confidential and solely concealed by OCR. The source of gathering data will be taken from the Oklahoma District Court Records and/or Oklahoma State Courts Network, and done so at the receiving of this application.

I understand that I will not be paid for my services by Owasso Community Resources. I agree to abide by the volunteer personnel policies and procedures of Owasso Community Resources, established and provided in the OCR Volunteer Handbook.

Volunteer Signature _____ Date _____

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Handbook _____ Confidentiality Form _____

Revised 9/2009

