

# volunteer application

Payne County Youth Services  
P. O. Box 2647, Stillwater OK 74076-2647 (405) 377-3380

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please print)

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date in which volunteer work must be completed (if applicable): \_\_\_\_\_

How did you learn about us?

Advertisement

Friend

Public Service Announcement

Employment Agency

Relative

Inquiry

Volunteer Agency

Teacher

Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name \_\_\_\_\_

Address:

Number

Street

City

State

Zip Code

Telephone Number(s):

Home

Cell

Work

Other

e-mail address: \_\_\_\_\_

Best time to contact you is: \_\_\_\_\_ a.m.; \_\_\_\_\_ p.m.

Have you ever volunteered with us before?

Yes

No

If Yes, give dates and description of work \_\_\_\_\_

Are you 18 years of age or older?

Yes

No

*This will not impact your ability to volunteer at our agency.*

Do any of your friends or relatives work or volunteer at our agency?

Yes

No

If Yes, state name and relationship: \_\_\_\_\_

Are you willing to travel, if needed?

Yes

No

Is volunteer work/internship required for a class?

Yes

No

If Yes, how many hours are required? \_\_\_\_\_

Do you currently volunteer at any other agencies?

Yes

No

If Yes, which agency(ies)? \_\_\_\_\_

Are you currently employed?

Yes

No

Would you be interested in attending an event to show appreciation to volunteers of our agency?

Yes

No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**  
**Auxiliary aides and services are available upon request to individuals with disabilities.**

**EDUCATION**

<b>School</b>	<b>Name/Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate/ Professional</i>				
<i>Other (Specify)</i>				

**WORK HISTORY**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
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Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate those items you **would like to accomplish** through your volunteer/internship work:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Work with youth | <input type="checkbox"/> Develop specific skills              | <input type="checkbox"/> Teach youth specific skills |
| <input type="checkbox"/> Observe youth   | <input type="checkbox"/> Work on event / project              | <input type="checkbox"/> Develop a program for youth |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Work with a specific person/position | <input type="checkbox"/> Other                       |

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the U.S. military:

List professional, trade, business or civic activities and office held:

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Additional Information:

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**PERSONAL / PROFESSIONAL REFERENCES**

Do Not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

**APPLICANT'S STATEMENT**

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.
- It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date