



# Volunteer Application

## Contact Information

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

|   |   |
|---|---|
| <input type="checkbox"/> Brochure deliveries  | <input type="checkbox"/> Fundraising                    |
| <input type="checkbox"/> Candidate / Patients | <input type="checkbox"/> Grants                         |
| <input type="checkbox"/> Communications       | <input type="checkbox"/> Newsletter production          |
| <input type="checkbox"/> Events               | <input type="checkbox"/> Public Information / Relations |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Volunteer coordination         |
| <input type="checkbox"/> Friends of BCAP      | <input type="checkbox"/> Website development            |
|   |   |
|   |   |

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
|--|
|  |
|--|

## Previous Volunteer Experience

Summarize your previous volunteer experience.

|  |
|--|
|  |
|--|

## Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

For contact and more information about volunteer opportunities:

Crystal Ghere

[cghere@gmail.com](mailto:cghere@gmail.com)

(918) 629-6803

Return the completed application by email above or mail to:

Crystal Ghere

P.O. Box 470065

Tulsa, OK 74147