

YOUTH SERVICES OF CREEK COUNTY

1025 E. GRAYSON
SAPULPA, OKLAHOMA 74066
918-227-2622 (phone) 918-227-4644 (fax)
www.yscc.net

VOLUNTEER APPLICATION

DATE _____

PERSONAL DATA

Name _____ SSN _____

Type of volunteer _____ Date you Can Start _____ DOB _____

Times/Days Available _____

Home Phone _____ Cell _____

Present Address

Street _____ City _____ State _____ Zip _____ How Long _____

Previous Address

Street _____ City _____ State _____ Zip _____ How Long _____

Do you have any physical limitations or health conditions which may limit your ability to volunteer? Yes _____ No _____

If yes, please explain

EDUCATION

High School Attended and Location	Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College attended and Location	Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree		

GENERAL

Special Courses or Training

Please tell us how you would like to volunteer with us (clerical, mentor youth, maintenance, outdoor work, crafts with kids, etc.)

EMPLOYMENT HISTORY OR VOLUNTEER HISTORY (List Present or Most Recent Position First)

Name of Employer/Volunteer Experience		Address	
Employer's Phone		Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Start)	Date (End)	Starting Salary	Final Salary
Reason for Leaving			

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Employer's Phone		Department	Your Position
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Name and Position of Immediate Supervisor			
Date Employed (Start)	Date (End)	Starting Salary	Final Salary
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Date Employed (Start)	Date (End)	Starting Salary	Final Salary
Reason for Leaving			

Personal References: (Other than Family Members or Previous Employers)

1. Name: _____	Phone: _____
Address _____	Other: _____
City _____	
State _____	Zip _____
2. Name: _____	Phone: _____
Address _____	Other: _____
City _____	
State _____	Zip _____
3. Name: _____	Phone: _____
Address _____	Other: _____
City _____	
State _____	Zip _____

AUTHORIZATION

I certify all the information provided by me in this application is true and complete. I understand any misstatement, falsification, or omission of information is grounds for refusal to hire, or if hired, termination.

I authorize the persons and organizations identified in this application to give you all information concerning my previous employment, education, or any other information they might have. I release all such parties from liability from any damages which may result from furnishing such information to you.

I authorize you to verify all information given on this application and contact all references, previous employers and schools.

I further acknowledge that if I am employed by the employer, my employment will be at-will. And may be terminated with or without cause at any time by me or by the employer. Please substitute all "employee" for volunteer.

I agree to follow the rules and regulations of the company, and my employment and compensation can be modified or terminated with or without cause, any with or without notice, at any time, at the option of either the company or myself. I understand that not manager or representative of the company has any authority to enter into any oral agreement regarding the terms of my employment, length of employment or compensation.

I further understand that I am required to abide by all laws, policies, rules, and regulations of Youth Services of Creek County, Inc.. I understand that a law enforcement background check will be conducted and by signing this application give permission for references and law enforcement background check to occur.

LEGAL SIGNATURE OF APPLICANT

DATE

FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

DATE _____

INTERVIEWED: YES _____ NO _____ VOLUNTEER: YES _____ NO _____

STARTING DATE _____

