



VOLUNTEER APPLICATION

Please return to Attn: Elaine Johns

P.O. Box 248

Enid, Oklahoma 73702-0248



Volunteer Application

Contact Information :	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birth Date	
School (if applicable)	

Events :	
Weekends: Special Events, Trap Shoot, Red Dirt Run, Car Show, Legacy Recognition Program, Movies in the Park,	
Weekdays: Docent program, Tour guide, Reception, Maintenance	
Weekdays: Spring Break, Around mid-March. Anytime between 8 a.m. - 5p.m.	
Weekdays: Summer Break, Around mid-May – August. Anytime between 8 a.m. – 5 p.m.	

Availability :	
Events have different volunteer times. Which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	What times:
<input type="checkbox"/> Weekday afternoons	What times:
<input type="checkbox"/> Weekend mornings	What times:
<input type="checkbox"/> Weekend afternoons	What times:

Interests :		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Docent Program	<input type="checkbox"/> Tours	<input type="checkbox"/> Working with Children
<input type="checkbox"/> Special Events	<input type="checkbox"/> Library Management	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Special Programs	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Landscaping/Gardening
<input type="checkbox"/> Summer Programs	<input type="checkbox"/> Leadership/Internship	<input type="checkbox"/> Marketing
<input type="checkbox"/> Web Site Design/Management	<input type="checkbox"/> Museum	<input type="checkbox"/> Other



Special Skills and Qualifications :

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

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Previous Volunteer Experience :

Summarize your previous volunteer experience.

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Person to Contact In Case of Emergency :

Name

Street Address

City, State, Zip Code

Home Phone

Cell 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



BACKGROUND INFORMATION RELEASE FORM

Attn: Volunteers

Please return this form to the Woodring Wall of Honor and Veteran's Park, Inc. immediately

I, the undersigned, in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they may have about me to the Woodring Wall of Honor or its agents and release them from any liability or responsibility from doing so.

Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Date: _____

Applicant's Signature: _____

Applicant's Full Printed Name: _____

Maiden Last Name: _____

Job Title: _____

Driver's License # _____

State of Driver's License _____