

**Prospective Volunteer/Intern Application**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Contact Method:  Email  Home Phone  Cell Phone  Work Phone

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender  Male  Female

Race  Native American/Indian/Alaskan Native  Asian/Pacific Islander

Black/African American  Hispanic/Latino

Multicultural  Caucasian

Other \_\_\_\_\_

Primary Language  English  Spanish  Other \_\_\_\_\_

Secondary Language  English  Spanish  Other \_\_\_\_\_

**Employment/School/University:**

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

**Work/School Hours:**

Monday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Tuesday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Wednesday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Thursday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Friday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Saturday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Sunday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Driving Information:**

Current Driver's License  Yes  No

Issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you own a car?  Yes  No

**Volunteer Experience:**

Describe any past experience as a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interest in Volunteering/Interning:**

- |   |  |
|---|--|
| <input type="checkbox"/> Want to give back to the community | <input type="checkbox"/> Want to make a difference in someone's life |
| <input type="checkbox"/> Want to help other's succeed       | <input type="checkbox"/> Religious and spiritual reasons             |
| <input type="checkbox"/> Someone helped me                  | <input type="checkbox"/> I have experienced some form of abuse       |
| <input type="checkbox"/> Other: _____                       |  |

Describe areas of interest:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> General Office Assistance (various duties) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Events         |
| <input type="checkbox"/> Phone Support                              | <input type="checkbox"/> Mentoring   | <input type="checkbox"/> Marketing /Promotions |
| <input type="checkbox"/> Counseling                                 | <input type="checkbox"/> Other _____ |  |

As a volunteer/intern, what special skills or abilities will you bring to our organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours are you available to volunteer/intern?

- |  |   |
|--|---|
| <input type="checkbox"/> Monday: _____ am/pm to _____ am/pm    | <input type="checkbox"/> Tuesday: _____ am/pm to _____ am/pm  |
| <input type="checkbox"/> Wednesday: _____ am/pm to _____ am/pm | <input type="checkbox"/> Thursday: _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Friday: _____ am/pm to _____ am/pm    | <input type="checkbox"/> Saturday: _____ am/pm to _____ am/pm |

- I. **Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?**  
 **Yes**  **No** *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.*

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- II. **Have you ever had your volunteer service terminated or been subject to any disciplinary action while acting as a volunteer?**  
 **Yes**  **No** *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s) and the disposition of the matter(s). Also, identify the name of the organization, and your supervisor at the time by name, address and telephone number.*

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- III. **Has a civil or a criminal complaint ever been filed against you that alleged sexual misconduct, sexual abuse, or domestic violence?**  
 **Yes**  **No** *If yes, please explain below and attach a separate sheet if additional space is necessary. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.*

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**Applicant Disclosure:**

Wonderfully Made Foundation screens prospective volunteers to evaluate whether an applicant poses a risk of harm to the clients he or she serves. Information obtained is not an automatic bar to volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or purposeful lack of information in this disclosure alone is grounds for disqualification or termination.

I affirm that the above information is true and correct to the best of my knowledge, and I hereby give my permission for my references to be verified.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wonderfully Made Foundation  
933 NE 32<sup>nd</sup> Street  
Oklahoma City, OK 73135  
(405) 778-6870

### AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LISCENSE NUMBER: \_\_\_\_\_

STATE and EXPIRATION DATE: \_\_\_\_\_

**This Authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The Information you authorize released will be used to verify information provided in your volunteer application. If any information you have provided is determined to be false after you have been offered a volunteer position you will be immediately released from your duties. Information determined to be false during the application process will result in you not being offered a volunteer position.**

**The information obtained as a result of your signature on the Authorization, will be furnished to designated officers of the Wonderfully Made Foundation to verify information necessary to process your application.**

**This Authorization for release of information constitutes my consent and authority to examine and/or obtain copies and abstracts of records, and to receive statements and information regarding my background.**

**I hereby authorize the release of the following data, records and information to Wonderfully Made Foundation. Only items checked will be release.**

- |   |  |
|---|--|
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Police & Criminal History |
| <input type="checkbox"/> Military History   | <input type="checkbox"/> Educational Background    |

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTING AGENCY: **Wonderfully Made Foundation Inc.**  
933 NE 32<sup>nd</sup> Street  
Oklahoma City, OK 73105  
(405) 778-6870