****

*“leave no veteran behind and honor their service”*

**Volunteer Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | | | |
| Address | |  | | | | City |  | | | State |  | | Zip Code |  |
| Phone (Day) | | |  | | | | | Phone (Evening) | |  | | | | |
| E-Mail Address | | | |  | | | | | | | | | | |
| Emergency Contact | | | | |  | | | | Phone | | |  | | |
| **Past Volunteer Experience** (include organization/agency, position, supervisor phone/e-mail) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Employment** (include most recent company, position, supervisor phone/e-mail) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| Why do you want to volunteer with this organization? | | |  |
|  | | | |
| How would you like to help this organization? | |  | |
|  | | | |
| What are your hobbies, interests and skills? |  | | |
|  | | | |

**Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| **Name of Business** | **Dates** | **Responsibilities** |
|  |  |  |

**References:** Give the name, address, and phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

Branch of Service (check one): \_\_\_\_ Army \_\_\_\_Navy \_\_\_\_ Marines \_\_\_\_Air Force \_\_\_\_ Coast Guard

\_\_\_\_ Reserve \_\_\_\_Air National Guard \_\_\_\_ Army National Guard

Dates of Service: From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served in a combat zone? (circle one) Yes / No

If Yes, in what combat zone did you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your job in the U.S. Armed Forces?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of training did you receive in the Armed Forces? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send application to Tulsa Veterans Court Coordinator Matt Stiner

Fax 918 588 8427

[Matt.Stiner@tulsadrugcourt.com](mailto:Matt.Stiner@tulsadrugcourt.com)

111 W. 5th Street

Suite 720

Tulsa, OK 74103