



Volunteer Registration/Application

Please print

First Name..... Last Name.....

Address City/State/Zip.....

Phone Email

List previous volunteer experience.....

Do you hold an Oklahoma license (circle one)? Yes No

Do you have current malpractice insurance? Yes No

Languages	Fluent	Read	Write
1			
2			

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday Saturday No Preference

In an emergency, notify:

First Name..... Last Name.....

Address

City/State/Zip..... Telephone

Volunteers hereby agree to follow all MSO policies and procedures, adhere to the MSO confidentiality agreement, and serve any client who is assigned regardless of race, sex, creed or national origin.

.....
(Signature/Volunteer)

.....
(Signature/Staff)

.....
(Date)