



Gatesway Foundation Volunteer Application

Date:				
Name:	Age (If under 18)			
Address:				
City:	State:	Zip:		
Phone: Hm)	Cell)	E-Mail:		
School or Organization:				
Emergency Contact Name:		Relationship:		
Phone:				
How did you hear about Gatesway ?				
Are you presently employed? If yes, where:				
If retired, from what line of work?				
What is your Volunteer availability? (Check all that apply)				
Monthly	Weekly	Daily	One Time Project	
Weekend	Weekdays	am	pm	Number of Hours Desired _____

Please circle areas you are interested in:

Administrative & Clerical	Adopt-A-Friend	Adult Day Center
Assist With Client Activities	Special Events	Any Area Needed

Describe any volunteer experience you've received:

Please list two people (local) who have known you for 3 years and are not relatives.

1. _____
Name Phone

Address City State ZIP

2. _____
Name Phone

Address City State ZIP

*Thank you for your interest in volunteering at **Gatesway!**
Once your application is received and approved, you will be contacted for placement.*

For office use only:

Placement Date: _____

Placement Location: _____

Volunteer Contact: _____

*Gatesway: Providing Opportunities...Promoting Independence
1217 E. College Ave., Building #6
Kimberly Deardorff
Broken Arrow, Oklahoma 74012
(918) 259-1473*

**GATESWAY FOUNDATION
NOTIFICATION OF CRIMINAL ARREST CHECK**

For the protection of the individuals served by Gateway, all volunteers working directly with them are required by House Bill 2100 to have a criminal arrest check through Oklahoma's State Bureau of Investigation. Anyone found to have a felony conviction, cannot be offered employment or volunteer opportunities by this facility.

In order to comply with this law, we request that you supply us with the following identification:

<i>Full Name of Applicant, including maiden and all married names (Please print):</i>	
<i>Social Security Number:</i>	
<i>Date of Birth:</i>	
<i>Signature of Applicant:</i>	<i>Date:</i>

Facility Representative: _____ Date: _____
Volunteer Coordinator



GATESWAY FOUNDATION VOLUNTEER LIABILITY WAIVER

Upon arriving to volunteer, I understand that I should take time to familiarize myself with my work area. If I am unable to complete my assignment because of illness or physical disabilities, please let the supervisor of your area know. We will try to find a replacement and/or a more suitable assignment, if possible. We encourage all volunteers to enjoy their time at **Gatesway** and please report any hazardous conditions immediately.

As a volunteer, I understand that I am not an employee of the **Gatesway Foundation**, ("**Gatesway**") any of its subsidiaries, representatives, directors or officers. All volunteer work done by me as a volunteer is at my own risk. I understand by signing this waiver, I am relieving **Gatesway** of any liability. Should I believe I have a problem that requires outside assistance to resolve, I agree to resolve the dispute through mediation.

I have read and understand this statement:

Name: _____ Date: _____
Signature

Name: _____ Date: _____
Please Print

PLEASE ATTACH THIS FORM TO YOUR APPLICATION