

Gatesway Foundation

Volunteer Application



Date:		
Name:		Age (If under 18)
Address:		
City:	State:	Zip:
Phone: Hm)	Wk)	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)		
<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> One Time Project <input type="checkbox"/> Weekend <input type="checkbox"/> Week days <input type="checkbox"/> am <input type="checkbox"/> pm Number of Hours Desired _____		

Please circle areas you are interested in:

Special Events	Gatesway Green House	Any Area Needed
Administrative & Clerical	Assist With Client Activities	Adopt-A-Friend

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 Gateway!
Once your application is received and approved, you will be contacted for placement.*

For office use only:

Placement Date: _____

Placement Location: _____

Volunteer Contact: _____

*Gateway: Opportunities...People...Community
1217 E. College
Laquinda Davison
Broken Arrow, Oklahoma 74012
(918) 259-1405*

**GATESWAY FOUNDATION
NOTIFICATION OF CRIMINAL ARREST CHECK**

For the protection of the individuals served by Gatesway, 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