Council for Developmental Disabilities
dba Able Community Based Services
300 N. Crawford Avenue Norman, OK Office: 405-329-3922

Volunteer Application

Date: _____

Name _____ SSN _____ Date of Birth _____

Cell/Home Phone _____ Email _____

Address _____

Start Date Requested (M-F *only)* _____

End Date _____

Available hours (*choose one: 8:30-11a or 12:30-3p)*

_____

Do you have any health problems that would affect your volunteer work? _____ No _____ Yes

If yes, please explain _____

_____

List educational courses (other than high school or college), trainings, seminars, or workshops you have attended that may be helpful _____

_____

List 2 local references (employers, professors, teachers, etc.) who may be contacted:

1. _____ _____ _____ _____
Name Phone Relationship Address

2. _____ _____ _____ _____
Name Phone Relationship Address

Additional Comments: _____

_____

I realize the importance of representing myself accurately and have done so. I also understand that once approved, and I have not volunteered my services and/or contacted the agency at least two times in one year from the date of approval, that I will need to reapply.

Signature of Volunteer Applicant _____

Revised September 2018