



**NSO**

ADVANTAGING THE DISADVANTAGED

# Volunteer Application

Neighborhood Services Organization is a faith-based organization serving the at-risk and homeless population by providing housing solutions and teaching skills to transform lives.

Volunteer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

If you do not drive, what form of transportation do you use? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Occupation/Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

## Background Checks

For the protection of our clients and staff, NSO requires a background check on specific volunteers. At the time of your interview, the PR & Communications Coordinator will determine if a background check is required for your placement. Licensed professionals will need to submit a copy of their license in lieu of a background check (the agency reserves the right to obtain background checks at any time) to remain on file with the agency.

## Volunteer Opportunities (select all that apply):

Child Care Assistant  Beautification  OKC Hungryman race  Other: \_\_\_\_\_

Apartment Sponsor  Meal Sharing  Seasonal (Thanksgiving and/or Christmas)

Why do you want to volunteer? \_\_\_\_\_

How did you hear of NSO? \_\_\_\_\_

## Volunteer Orientation

All volunteers will need to attend a volunteer orientation. At your orientation, you will fill out any additional paperwork needed, go over the volunteer handbook and discuss what your tasks will be. You will also get a tour of the facility where you will be volunteering and meet the case manager who will be overseeing your project. Orientation is scheduled on an as-needed basis.



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**Availability:** Please check the days you are willing to volunteer.

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

**Educational Background**

Name of School	Location (City & State)	Did you graduate? If yes, when?	Degree/Major	Certification

**Special Skills:** \_\_\_\_\_

**Volunteer References:** Please list prior volunteer experience you've had in the past two years.

Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Orientation Date:</b>	
<b>Background Check Needed?</b>	Yes / No
<b>Date of Background Check:</b>	
<b>Results:</b>	Passed / Failed
<b>Job Placement:</b>	
<b>Program:</b>	
<b>Staff Signature</b>	

**Please send completed application to Anne Harber by email: [aharber@nsookc.org](mailto:aharber@nsookc.org) or fax: (405) 236-1871.**