

PERSONAL DATA

PLEASE PRINT CLEARLY

Date: _____

First Name: _____ Middle or Maiden Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Daytime/office phone: _____

Email address: _____

List any other names under which you have worked or attended school: _____

Are you currently allowed to work according to the United States Department of Immigration Regulations, and if hired can you produce evidence to that effect? Yes No

Are you a United States citizen? Yes No

Name of relative(s) employed by OCSRI	Relationship	Occupation	Location

VOLUNTEER PREFERENCES

Check days preferred: Monday Tuesday Wednesday Thursday Friday

Check hours preferred: Morning Afternoon

Are there any limitations or special accommodations that will be needed if offered a volunteer position? Please explain:

All information on this form will be kept confidential.

EDUCATION

Enter Last Year Completed	Grammar School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Graduate 17 18 19 20

School Name & Location	Dates Attended	Did you graduate?	Course of Study	Degrees & Honors
High School				
College or University				
Other				

Foreign Languages

Language: _____ Read Write Speak Fluently Moderately well With difficulty

DRIVING RECORD

Type of driver license held: _____

Have you ever had a driver's license revoked? Yes No If yes, explain: _____

REMARKS

How did you hear about this position? _____

Do you know any of our employees? Yes No If yes, their names: _____

Have you ever been employed by OCSRI? Yes No

Date: _____ Position: _____ Location: _____

ADDITIONAL SKILLS

Applicant should note any information pertinent to his or her qualifications not covered by this application.
(Special abilities, computer skills, machines operated, professional activities & achievements, patents, significant projects, etc.)

VOLUNTEER/EMPLOYMENT EXPERIENCES

Date Month & Year	Company name and street address (city, st., zip) of employer	Position				
1. from: 1. to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td style="width: 30%;">Co. Phone #</td> <td>Contact Name</td> </tr> </table>			Co. Phone #	Contact Name	
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2. from: 2. to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td style="width: 30%;">Co. Phone #</td> <td>Contact Name</td> </tr> </table>			Co. Phone #	Contact Name	
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PERSONAL AND/OR BUSINESS REFERENCES

Name	Street Address (City, St, Zip)	Business	Telephone	Relationship

May we contact these references? Yes No If no, please explain: _____

APPLICANT CERTIFICATION AND ATTEST OF UNDERSTANDING

"I certify that the facts contained in this volunteer application are true and complete to the best of my knowledge and understand that, if volunteered, falsified statements on this application shall be grounds for dismissal."

"I understand and agree that, if accepted, my volunteer position is for no definite period and may be terminated at any time without any prior notice."

"I agree to notify Oklahoma Cancer Specialists and Research Institute in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board taken or pending; any adverse action which has resulted in the filing of a report with the state licensing board or a report to the National Practitioner Data Bank; any revocation of dea license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage. I acknowledge that failure to comply with the above measures, in the event i become a volunteer, can result in disciplinary action or in the termination of my volunteer agreement."

Signature of applicant: _____ Date: _____