



Western Oklahoma Family Care Center Volunteer Application

609 W. E Ave.
Elk City, OK 73644
580-225-5500
www.wofccok.org

References

NAME	PHONE #	RELATIONSHIP

Criminal History

Please check the following that pertains to you. Criminal history does not necessarily disqualify you from volunteering; however, it is at the Executive Director's discretion as to what volunteer position you may be able to hold.

- Felony _____
 - Misdemeanor _____
 - Sex Offender _____
 - Other _____
 - Juvenile Charge _____
- Probation Officer _____ Phone _____
- Community Service Hours Required _____

Agreement & Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant Printed Name

Parent/Guardian Printed Name

Applicant Signature

Parent/Guardian Signature

Date

Date

It is the policy of Western Oklahoma Family Care Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for your interest in volunteering with us!