



VOLUNTEER APPLICATION

FOR INTERNAL USE

Date Received: _____

Background Investigation Date: _____

Application Processed By: _____

Date Applicant Contacted: _____

**NOTE: TO USE THE 'SUBMIT' BUTTON ON THE SECOND PAGE, ALL REQUIRED FIELDS MUST BE COMPLETED - REQUIRED FIELDS MARKED WITH *
YOU MAY EMAIL FORM TO VOLUNTEER@REVEILLEBRIDGE.ORG OR FAX IT TO (405) 362-0504**

PERSONAL INFORMATION

*Full Name: _____ *Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

*Phone: _____ *Email: _____

Preferred Contact Method: _____

Best Time to Reach You: _____

Driver's License #: _____ State Issued: _____ Vehicle Insurance? _____ Prior Felony: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

EDUCATION

Highest Level Completed: _____ Degree _____

MILITARY EXPERIENCE

Branch _____ Years of Service: _____

EMPLOYMENT HISTORY

Current Employer: _____ Title/Position: _____

City and State: _____ Start Date: _____ End Date: _____

Previous Employer: _____ Title/Position: _____

City and State: _____ Start Date: _____ End Date: _____

VOLUNTEER HISTORY

Organization: _____ Title/Position: _____

City and State: _____ Start Date: _____ End Date: _____

VOLUNTEER APPLICATION

SKILLS AND EXPERIENCE

Special Training, Skills, Hobbies: _____

Groups, Clubs, Organizational Memberships: _____

What experiences have you had that may prepare you to work as a Reveille Bridge Veterans Foundation volunteer: _____

What do you want to gain from volunteering with Reveille Bridge Veterans Foundation?: _____

REFERENCES

	Name/Organization	Relationship	Years Known	Phone Number
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Reveille Bridge Veterans Foundation that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with or my immediate dismissal as a volunteer. I hereby give permission to Reveille Bridge Veterans Foundation to perform a background check.

*SIGNATURE

*DATE