Will Rogers World Airport

VOLUNTEER APPLICATION

NAME_____ **DATE**_____
LAST **FIRST** **MIDDLE**

ADDRESS_____

CITY_____ **ZIP CODE** _____

PHONE _____ **MOBILE** _____

EMAIL _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP _____ **NUMBER** _____

BIRTHDAY _____

PRESENT/ PREVIOUS OCCUPATION _____

LANGUAGES SPOKEN OTHER THAN ENGLISH _____

PREVIOUS VOLUNTEER EXPERIENCE _____

_____

HOW DID YOU HEAR ABOUT US? _____

PREFERRED SCHEDULE

WEEKDAY	**WEEKEND**
10:00 A.M. - 2:00 P.M. _____	**10:00 A.M. - 2:00 P.M. _____**
2:00 P.M. - 6:00 P.M. _____	**2:00 P.M. - 6:00 P.M. _____**
6:00 P.M. - 10:00 P.M._____	**6:00 P.M. - 10:00 P.M._____**

Please FAX this completed application to 405-232-6561
or mail to **Travelers Aid & Homeless Assistance Center**
Attn: Periann Billingsley
1033 N. Walker Avenue
Oklahoma City, OK 73102