



Oak Clinic Champions Information Sheet

For Office Use Only: (2012-2013)

Date: _____

High School: _____

Grade Level: _____

Number of Service Hours Needed: _____

Name: _____

Home Address: _____

Phone: _____ **E-mail:** _____

Why do you want to volunteer? (Or what do you hope to gain from this volunteer experience?) _____

REFERENCES: Please list two people (who are not family members) who know you well and can attest to your character and dependability:

NAME:	PHONE:	RELATIONSHIP TO YOU: (ex: neighbor, friend, employer)	LENGTH OF REALTIONSHIP:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

EMERGENCY CONTACT INFORMATION:

Name: _____ **Relationship:** _____

Address: _____

Phone number to be reached in case of emergency: _____

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that the information provided above is true, correct and complete to the best of my knowledge.

SIGNATURE: _____ **Date:** _____