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| --- | --- |
| **MPower-Logo google.jpg** | Physical Address: 516 Expo Circle South, Stillwater, OK 74074  Mailing Address: PO Box 1509, Stillwater, OK 74076  Phone: 405.377.0834  Fax: 405.377.0860  [www.mpowerok.org](http://www.mpowerok.org) |

**APPLICATION FOR MPOWER VOLUNTEER SERVICES**

Name

Date

Address

Street City State Zip

Phone e-mail

Employer (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Contact in Case of Emergency

Name Relationship Phone

How did you become interested in our volunteer program?

Education

Work Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Volunteer Experience

Experience with Developmental Disability Population (not required)

Indicate hobbies, skills, special interests, foreign language or sign language

References

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State

Applicant Signature

By signing, I certify that the above information is accurate and correct to the best of my knowledge, and I give permission for an OSBI background check

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual preference/orientation, qualified disability and veteran status.

Please return to:

MPower, Attn: Amy Spiva P.O. Box 1509, Stillwater, OK. 74076 or email to [director@mpowerok.org](mailto:director@mpowerok.org)