

OKLAHOMA YOUTH LEADERSHIP FORUM

STAFF APPLICATION

PERSONAL

Name	Last	First	Middle initial
Birthdate		Sex	Social Security number
Home address	City	County	State Zip
Home phone		Other phone	

Have you ever been arrested for or convicted of a criminal action other than a minor traffic violation? Yes No

If yes, explain:

Do you own a car? Yes No

Current driver's license number: _____

Do you have liability insurance? Yes No.

Insurance company name and policy number: _____

Do you have a physical condition which might interfere with volunteer activities?

Yes No

If yes, explain:

GENERAL INFORMATION

Assignment preferences. Mark the appropriate box(es).

- Group facilitator/program assistant
- Dorm parent/residential advisor
- Student volunteer

How did you hear about the Youth Leadership Forum (YLF)? _____

EDUCATION

Check last year completed in school:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Major subject

Minor subject

Business or trade school: _____

Other training: _____

Previous or current occupation: _____

INTERESTS

Have you ever participated in any work with youth? Yes No

If yes, list the organization and type of work performed.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

List any interests, hobbies, and skills. _____

Do you speak fluently any language other than English? Yes No

If yes, specify. _____

Briefly, explain why you wish to be a YLF staff or volunteer.

REFERENCES

List three character references. At least two must be non-relatives you have known for more than two years.

First reference's name			
Address	City	State	Zip
Area code	Phone number	Occupation	

Second reference's name			
Address	City	State	Zip
Area code	Phone number	Occupation	

Third reference's name			
Address	City	State	Zip
Area code	Phone number	Occupation	

I certify that the above information is correct and true to the best of my knowledge. I authorize the Oklahoma Developmental Disabilities Council (ODDC) to use the above information in completing an investigation of official files of criminal and traffic violations and the Central Child Abuse Registry, Department of Public Safety, and other applicable background checks.

 Applicant's signature

 Date

NOTE: Failure to sign this form will result in cancellation of your application.