



COMMUNITY SERVICE COUNCIL

Veterans Treatment Court

transforming lives

Volunteer Application

Personal Information

Full Name: _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Emergency Contact: _____ **Phone:** _____

Past Volunteer Experience: (include organization/agency, position, supervisor phone/email)

Agency / Organization	Position/Responsibilities	Dates	Supervisor/Contact Info

Why do you want to volunteer with Veterans Treatment Court?

How would you like to help Veterans Treatment Court?

What are your hobbies, interests, and skills?

References: (Provide the name and phone number or e-mail address of three non-family references)

1. _____

2. _____

3. _____



COMMUNITY SERVICE COUNCIL

Veterans Treatment Court

transforming lives

Volunteer Application

Military Experience

Branch of Service (check one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Reserve |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Air National Guard |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army National Guard |

Dates of Service: From _____ To _____

Type of Discharge: _____

Have you served in a combat zone? Yes No

If yes, in what combat zone did you serve? _____

What was your job in the US Armed Forces? _____

What type of training did you receive in the Armed Forces? _____

Criminal History

Have you ever been arrested and/or convicted of a crime? Yes No

Date: _____ Charge: _____

Do you have any pending criminal charges? Yes No

If yes, what charge(s) _____

Send completed application to:

Julie Tucker-Trainum Mentor
Coordinator/Case Manager
115 W. 3rd Street, Suite 600
Tulsa, OK 74103

Phone: (918) 588-8467
Fax: (918) 582-4328