

NAME: _____ DATE: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____ REFERRED BY: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

VOLUNTEER INTEREST (CHECK ALL THAT APPLY)

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Art Markets | <input type="checkbox"/> Easter Event | <input type="checkbox"/> Performances |
| <input type="checkbox"/> Award Ceremonies | <input type="checkbox"/> Educator Assistant | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Banquets | <input type="checkbox"/> Employee Recognition Ceremonies | <input type="checkbox"/> Powwow |
| <input type="checkbox"/> Basket Making | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Programs Assistant |
| <input type="checkbox"/> Beading | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reunions |
| <input type="checkbox"/> Café Host | <input type="checkbox"/> Greeter | <input type="checkbox"/> Seminars |
| <input type="checkbox"/> Chahta Princess/Royalty Events | <input type="checkbox"/> Historic Preservation Assistant | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Luncheons | <input type="checkbox"/> Social Dance |
| <input type="checkbox"/> Christmas Celebration | <input type="checkbox"/> Meetings | <input type="checkbox"/> Stickball Tournaments |
| <input type="checkbox"/> Collections Assistant | <input type="checkbox"/> Memorials | <input type="checkbox"/> Tour Assistant |
| <input type="checkbox"/> Cultural Center Anniversary (July) | <input type="checkbox"/> Native Heritage Month (November) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Okchahli (April) | |

DAYS/TIMES AVAILABLE (CHECK ALL THAT APPLY)

SUNDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
MONDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
TUESDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
WEDNESDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
THURSDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
FRIDAY	10am-2pm _____	12pm-4pm _____	Evenings _____
SATURDAY	10am-2pm _____	12pm-4pm _____	Evenings _____

Please return completed form to:
Gwen Thompson Doucet
 Volunteer Coordinator
 Phone: 580-642-7791
 Cell: 580-380-8156
gdoucet@choctawnation.com

ARE YOU A CITIZEN OF THE CNO: YES _____ NO _____

ARE YOU AT LEAST 16 YEARS OLD: YES _____ NO, I AM CNO PRINCESS/ROYALTY _____ AGE _____

NO, I AM CNO YAB PARTICIPANT _____ AGE _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

AGREE TO CRIMINAL BACKGROUND CHECK: YES _____ NO _____

AGREE TO PHOTO RELEASE: YES _____ NO _____ AGREE TO WAIVER LIABILITY: YES _____ NO _____

SIGNATURE: _____ DATE: _____