

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:  
CulturalCenterVolunteers@  
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: \_\_\_\_\_