



VOLUNTEER APPLICATION

RETURN FORM TO:
Matt McAfee
Mentor Coordinator
Street School
1135 S Yale Avenue
Tulsa, OK 74112
Phone: 918-833-9800
Fax: 918-833-9858
Mcafema1@tulsaschools.org

Date: _____

First Name: _____ Last Name: _____

Home Address: _____
City ST Zip

Birthday: _____ Email: _____

Facebook Name: _____ Twitter Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Contact Number: _____

Education Completed: High School College Post Graduate Other

Area of Study: _____ School Name: _____

Organization Currently Working for: _____

Job Title: _____ Length of Time in Position: _____

Organization Retired From: _____

Position Held: _____ Length of Time in Position: _____

My hobbies or areas of interest are:

What motivated you to become a mentor? _____

Area(s) of Interest: Mentoring Volunteering Clerical Fundraising
(check all that apply) Student Store Test Monitor Other

Please list two people, other than relatives, who we might contact as a personal reference:

- 1. _____
First Name Last Name Number
- 2. _____
First Name Last Name Number

A background check will be conducted. Each volunteer will be invited to a training and orientation.

Applicant Signature: _____ Date: _____