



Oasis – A Haven for Women and Children
59 Mill Street, Paterson, NJ 07501
Phone: 973.881.8307
Fax: 973.881.1755

VOLUNTEER APPLICATION

- Ms.
 Mrs.
 Mr.
 Dr.

GENERAL INFORMATION

Name _____ Date _____

Street _____ City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Cell) _____

Date of Birth _____ Email _____

Emergency Contact/Phone # _____ Relationship _____

Agency/Group/School Affiliation _____

Would you like to be added to our email list to be notified of volunteer opportunities? Yes No

Place of Employment _____ Position _____

School Attended _____ Major/Minor/Field of Study _____

Degrees awarded _____

Which volunteer opportunities are you interested in? (check all that apply)

Food Pantry Drive Clothing Distribution Serve Lunch Kitchen Help

Nurturing Center Help After-School Tutor Tutoring Adults Office Help

Fundraising Student Activities Diaper/Baby Needs Drive

Special Events: Thanksgiving Christmas Easter End-of-Year Graduation

Workshops: Parenting Nutrition/Cooking Finance/Budget Job Search Yoga

Other Suggestions: _____

RN Programs: Diabetes Obesity Blood Pressure

*****Volunteer Opportunities for youth, aged 11-17 years, are limited to the After-School program, Food Pantry, Clothing Distribution, Drives (Food, Diapers, Baby Needs) and our Easter meal where they can help with face painting and crafts. Children MUST be accompanied by a parent/guardian while at Oasis!*****

AVAILABILITY & COMMITMENT

Oasis is open Monday through Friday from 8am – 3pm (6pm when school is in session). Please note which days/hours you are available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Would you like to make a long-term volunteer commitment (at least 5 hours every month)? Yes No

If Yes, would you like to make a:

Weekly Commitment (at least 2 hours every week)

Monthly Commitment (at least 5 hours every month)

Commitments that may interfere with volunteering at Oasis: _____

MISCELLANEOUS INFORMATION

Language skills, training, talents or interests you'd like to share: _____

Please briefly explain why you are interested in volunteering at Oasis: _____

How did you find out about Oasis? _____

Have you ever been convicted of a crime? Yes No If Yes, please explain: _____

I understand that my services are donated to Oasis. I verify that the above information is true to the best of my knowledge. I also understand that I will be required to undergo an orientation before I can volunteer. I also agree that my name and likeness may be used by Oasis for any purpose, including in its promotional materials.

Signature

Date

Parental Permission for volunteers under age 18:

I give my permission for my child (age 11-17) to become an Oasis volunteer. I also agree, if my child volunteers, that his/her name and likeness may be used by Oasis for any purpose, including in its promotional materials.

Signature of Parent/Guardian

Date

REFERENCES

Name _____ Phone # _____ Relationship _____ Years Known _____

Name _____ Phone # _____ Relationship _____ Years Known _____