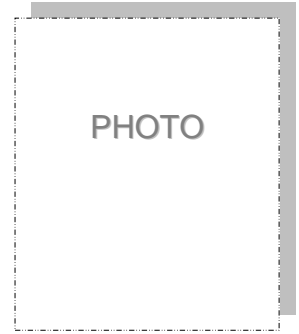


## **Application Process**

1. Please fill the application form (online or in writing) and return it to the Volunteer Services Program. You will receive an email/phone call from the Human Resources Department/Volunteer Services Supervisor upon the receipt of the application and then an email/phone call at least a week prior to the start of the orientation to confirm your attendance and to answer any questions you might have.
2. You will be requested to provide a copy of your personal identification card or passport and a picture of yourself along with the application.
3. Send the personal reference form to two people (non-family members only) and ask them to return back the form electronically or in a closed envelope to the Human Resources Department at Oasis de Vie (ODV)
4. Attend a scheduled appointment for an interview with the Volunteer Services Program Supervisor/Human Resources Department.
5. Once accepted, please complete your health assessment and provide records where applicable.
6. Participate in the required orientation for new volunteers and the further information/training sessions. Attendance at all sessions is obligatory.

Note: a background check on all volunteer applicants will be done



## Volunteer Application Form

### PERSONAL INFORMATION

Name: (Please print full Legal Name)	Last Name	First Name	Middle Name	
Place & Date of Birth:	Country	D	M	Y
Home Address:				
Contact numbers:	Res.	Off.	Mob.	
Email Address:				
Nationality(ies):				
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Occupation: (Student/employed/unemployed/retired)			Social Security No. (if applicable)	
Education: (High School/University Name)			Degree/Major:	

### EMPLOYMENT EXPERIENCE (if applicable, please list the last two positions held)

Employer: ----- Employment Date: -----

Supervisor: ----- Telephone: -----

Employer: ----- Employment Date: -----

Supervisor: ----- Telephone: -----

### VOLUNTEER EXPERIENCE (Please list any previous volunteer experience)

Date/year	Organization	Volunteer Assignment

**VOLUNTEER PLACEMENT**

Please Select the type of activities would you be interested in:

**Center Volunteer (Patients activities/Administrative and staff support)**

- Providing entertainment activities
- Offering patient support services (support groups...etc)
- Tutoring and training patients (computer, internet, music, reading...etc)
- Organizing various events
- Providing administrative assistance
- Other, please specify

**Fundraising Placement**

- Putting up posters and distributions of flyers, brochures, leaflets
- Following up with donors
- Updating and working on program database
- Organizing events and campaigns
- Selling coupons, greeting cards, pink ribbons...etc
- Recruiting other volunteers
- Bringing in-kind donations
- Providing clerical or administrative assistance
- Other, please specify

**Awareness Placement**

- Training on early detection and prevention
- Organizing events and awareness campaigns
- Assisting patients and visitors in finding answers to their health-related questions and finding educational resources
- Giving rehabilitation/awareness presentations session to patients
- Other, please specify

**AVAILABILITY**

Please indicate the days and times you are usually available to volunteer:

	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Morning (7 am-11 am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (11 am-3 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (3 pm-7 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kindly indicate how frequently you can volunteer with us:

- one week    1 month    6 months    other, please specify

**PREFERENCES**

Kindly indicate the category/group(s) you would prefer to work with:

- Males    Females    Males & Females    Youth    Elderly    Any Group

**SKILLS**

Please indicate any special talents, skills, or interests that you would like to share with us:

- Computer skills
- Art
- Writing (poems, stories...etc)
- Foreign languages (Please specify -----)
- Music
- Acting
- Photography
- Reading aloud
- Sports
- Singing
- Other, please specify

**QUESTIONS FOR VOLUNTEERS**

How did you hear about our volunteer program?

\_\_\_\_\_

What would you like to gain from your volunteer experience?

\_\_\_\_\_

Are you volunteering as part of a program or institution?  YES  NO

If yes, please provide us with the name of the program/institution (school, university, charity):

\_\_\_\_\_

Do you have any physical limitations that might limit your ability to serve as a volunteer, such as back pain, poor hearing, poor vision...etc?  YES  NO

If yes, please explain: \_\_\_\_\_

Do you prefer working in a group setting or one-on-one? \_\_\_\_\_

Have you experienced a major life transition during the last two years, such as death of a loved one, serious illness, divorce...etc?  YES  NO

If yes, please specify: \_\_\_\_\_

Have you ever convicted of a felony?  YES  NO

If yes, please specify: \_\_\_\_\_

Can you suggest the names of other institutions who would be interested in joining our volunteer services program?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



**EMERGENCY CONTACT**

In case of an emergency, please notify:

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**I certify that the information I have provided for this application is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering or may result in termination as a volunteer at ODV. If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of ODV and the volunteer program. I authorize the Center to investigate all statements contained in this application and to inquire of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***For office use only***

Date received: \_\_\_\_\_

Background check completed: \_\_\_\_\_

Paperwork completed:  
 Application Form  Identification  Two References  Health Assessment

Accepted for interview:  YES  NO If not, why: \_\_\_\_\_

Approved:  YES  NO If not, why: \_\_\_\_\_

Placement: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Schedule: \_\_\_\_\_

Department Name/ Supervisor Name: \_\_\_\_\_