



# Volunteer Application

Thank you for your interest in volunteering at the OASIS Community Center which is operated by the nonprofit Speak Up for Ben, Inc.

## 1) Personal Information

*Personal information is kept strictly confidential and will not be shared with any other organization.*

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Cell: \_\_\_\_\_ Texts Received: ☐ Yes ☐ No

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Are you over 18 years of age? ☐ Yes ☐ No If under 18, please provide date of birth: \_\_\_\_\_

## 2) Previous Volunteer Experience

*Please describe any prior experience working with individuals or families affected by substance use:*

*Other previous volunteer experience: organization name, date(s) of volunteer service, your role:*

*Have you been personally impacted by another's substance use?* ☐ Yes ☐ No *If yes, please describe:*

## 3) Availability

*What days and hours are you typically available to volunteer?*

Do you have access to transportation to/from OASIS Community Center while volunteering? ☐ Yes ☐ No



#### 4) Volunteer Interests

*What kind of volunteer activities are you interested in? Please check all that are applicable:*

- ☐ Administrative support (fold brochures, stuff bags, update library, organize supplies)
- ☐ Community outreach events (staff resource tables, share information about OASIS)
- ☐ Outreach ambassadors (distribute brochures and information within community)
- ☐ Event captain (coordinate people/logistics): ☐ Event set-up/take-down ☐ Food prep/donations
- ☐ Marketing communications (press releases, brochures, event publicity flyers, etc.)
  - ☐ Social media support ☐ Repost/share our events on social media ☐ Grant writing
- ☐ General building maintenance (change lightbulbs, hanging and/or assembling items, etc.)
  - ☐ Seasonal deep cleaning ☐ Seasonal decorating/take-down ☐ Painting ☐ Organizing
- ☐ Gardening (spring planting, watering, weeding, harvesting herbs, fall clean-up)
- ☐ Program/workshop facilitator
  - ☐ Education ☐ Wellness ☐ Arts & Crafts ☐ Book Study ☐ Support Group
  - ☐ Other: \_\_\_\_\_
- ☐ Volunteer recruitment and coordination (contact and assign volunteers when needed)
- ☐ Translation and/or interpretation ☐ Facilitate a non-English-speaking group
- ☐ Other – please specify area(s) of volunteer interest below

Please list any specific knowledge, skills, or experience that you would like to contribute:

Are you fluent in any other language(s) besides English? ☐ Yes ☐ No

If yes, what other language(s) do you speak? \_\_\_\_\_

#### 5) Other Information

Have you been convicted of a crime (including sexual assault, child abuse, or other related offenses) in the past 10 years? ☐ Yes ☐ No If yes, please explain below:



Do you have any physical limitations on your activities? ☐ Yes ☐ No In yes, please describe below:

*We welcome people in all stages of recovery.* If you are currently in substance recovery, please indicate type:

☐ Opioids ☐ Other: \_\_\_\_\_

Please state your current length of time in recovery: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**6) Will you need documentation to fulfill community service hours requirement?**

☐ Yes ☐ No If yes, contact name and email for reporting purposes:

**7) References**

*Please list three persons we may call who are NOT family. Work, volunteer, school, or personal references (excluding family members or spouse/partner) are acceptable.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Length of  
time known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Length of  
time known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Length of  
time known: \_\_\_\_\_

*References are contacted to help determine appropriate volunteer positions, and as part of our vetting process for positions working with children and/or vulnerable adults.*

**8) Application Authorization**

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with OASIS Community Center.



# Volunteer Agreement

## Confidentiality

The OASIS Community Center values and upholds the protection of personal information of our guests, volunteers, and staff members. Should I come in contact with any document with personally identifying information, I will not disclose names or its contents to others. I will not disclose personally identifying information of any individual who has attended meetings or events, either in person or virtually. I acknowledge and agree that in the performance of my duties as a volunteer, I must hold certain information regarding clients, guests, staff, and volunteers in the strictest confidence.

## Liability Release

I hereby release, indemnify, and hold harmless OASIS Community Center and SPEAK UP for BEN, Inc.—its officers, directors, and employees, and the organizers, sponsors, and supervisors of all OASIS Community Center activities—from any and all liability in connection with any injury/illness I may sustain (including any injury/illness caused by negligence) in conjunction with volunteering with the OASIS Community Center.

## Media Release

I understand that for promotional materials, OASIS Community Center uses photography and videography to document events in which volunteers may appear. SPEAK UP for BEN, Inc. will own rights to and may use this media (photographs, recordings, and/or statements), in whole or part, in OASIS Community Center materials such as printed publications, websites, videos, social media, grant proposals, and promotional materials to support SPEAK UP for BEN, Inc., OASIS Community Center, and its programs. Unless prior consent is obtained, you will not be identified by name.

## Background Checks Requirements

In accordance with PA Acts 33 and 34, volunteers *may be required* to submit clearances if they will be working or interacting with minor children without direct supervision. Additional information available if deemed necessary.

## Identification

🔑 **Please provide a copy of your current driver's license or other legally acceptable ID.**

🔑 **Drop off to Admin or email requested documents to: [info@oasisbethlehem.org](mailto:info@oasisbethlehem.org)**

In signing below, I agree to abide by the conditions detailed in this volunteer agreement.  
I understand that my services will be provided without expectation of compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*SPEAK UP for BEN, Inc. / OASIS Community Center keeps volunteers' intake information confidential and does not share personal information with any outside entities. Your contact information is used only to keep you updated on OASIS Community Center programs and services. If you have any questions, please contact us.*

