



Volunteer Application

Thank you for your interest in volunteering at the OASIS Community Center. Speak Up for Ben, Inc., our nonprofit organization operates OASIS

Completed form may be dropped off at the OASIS Community Center or scanned/photographed and emailed to info@speakupforben.org.

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 your 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 impacted by anyone who has or has had substance use issues? Yes No

Comments: _____

3) Availability:

Please check all that are applicable:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> As needed | <input type="checkbox"/> Other (explain below) | |
-
-

When would you like to begin volunteering?

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

5) Will you need documentation to fulfill required community service hours?

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

6) Other Information

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

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

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: _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please explain: _____

OASIS Community Center welcomes and supports people in all stages of recovery.

If you are currently in recovery from substance use, please indicate type:

Opioids Other: _____

Please state your current length of time in recovery: _____

Emergency contacts:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

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.

Due to the nature of our organization, we have an obligation to prevent engaging the services of individuals who have a history of child or sexual abuse, molestation, or misconduct. To this effect, all efforts will be made to discover such histories. Signed completion of this application gives this agency permission to require child abuse clearances, conduct background checks, and check references.

Signature: _____ Date: _____

Signature of Parent or
Guardian (if under 18): _____

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.



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 avoid reading any documents that may have been inadvertently left out by staff. I will not disclose personally identifying information of any individual who has attended meetings or events at OASIS – either in person or virtually. In signing this agreement, I acknowledge and agree that in the performance of my duties as a volunteer of OASIS Community Center, 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 Pennsylvania Acts 33 and 34, volunteers at the OASIS Community Center are required to obtain the following clearances:

- PA Child Abuse History Clearance
- PA State Criminal Background Check
- FBI Criminal Background Check

Additional information about clearances is attached.

Identification

☞ Provide a copy of your current driver's license or other legally acceptable form of identification.

☞ Provide copies (electronic or print) of your current clearances.

☞ Drop off or email requested documents to: info@oasisbethlehem.org

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

Signature: _____ Date: _____

Print Name: _____

Completion of Background Checks

OASIS Community Center takes the safety of children, youth, and vulnerable adults very seriously. Because there may be times when we have minor children present at OASIS, we require all staff and volunteers working at OASIS Community Center to obtain the following clearances in accordance with Pennsylvania Acts 33 and 34:

- PA Child Abuse History Clearance (CY113) – complete online
- PA State Criminal Background Check (PATCH) – complete online
 - Form SP4-164A for paper submission
 - Select “Volunteer having direct volunteer contact with children”
 - Check “Other” and enter name of organization (OASIS Community Center)
- FBI Criminal Background Check (service code 1KG6ZJ) – online registration for fingerprinting at Identogo site

Clearances must be renewed within 60 months of oldest clearance. For additional information, instructions, and links for completion of clearances, visit:

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx>

When ready to initiate the background checks, be ready with the following information:

- Name of the organization = OASIS Community Center
- Organization phone number = 484-747-6825
- Service code = 1KG6ZJ
- Category = volunteer

At one of these sites, you will be asked to provide current and previous address information. For our purposes, focus on the past 10 years although you can go back further, if you feel it’s relevant.

There is no fee associated with the PA Child Abuse or State Criminal Background clearances for volunteers. There is a fee for the FBI Fingerprinting (\$23.25 in 2023). This fee is not covered by the OASIS Community Center.

For additional information about clearance, download the Volunteers FAQ document:

https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Documents/KKS-VolunteerFAQ_2021.pdf