

**OASIS OF HOLLYWOOD
VOLUNTEER APPLICATION FORM**

CONFIDENTIAL

The intent of this form is to help the Oasis provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. We want to reduce the risk of child abuse in any form. This application will help protect children and youth, as well as, uphold the personal dignity and responsibility of all those who will commit to serve them. Thank- you for your partnership in the pursuit of this ideal.

GENERAL INFORMATION

Please print and return to: The Oasis, P.O. Box 1590, Hollywood, CA 90078 or email:
oasis@oasisofhollywood.org

Date _____

Name _____
(First Middle Last)

Present address _____ City _____ State ____ Zip _____

Cell _____ Work Phone _____ E-mail _____

Age ____ Marital Status: ____ Married ____ Single ____ Separated ____ Divorced ____ Widowed ____ Engaged

Occupation _____ Present Employer _____

Past Employer: _____

Do you have a current driver's license or California ID? ____ Yes ____ No

If yes, list any special driver's license and # _____

List all previous church work involving youth (list each church's name and address, type of work performed, and dates) _____

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates) _____

List any gifts, callings, training education, or other factors that have prepared you for children or youth work _____

EDUCATION INFORMATION

High School ____ Year graduated ____ College ____ How many years ____ Degree _____

Any special schools or training _____

Speak ____ or Write ____ a foreign language? Which one _____

Please give a brief statement on your opinion of the following issues:

Premarital Sex _____

Alcoholic Beverages _____

Smoking Marijuana _____

Smoking Cigarettes _____
 Taking Other Drugs _____
 Casting out Demons _____
 The Trinity _____
 Mormonism and Jehovah's Witness _____
 What must you do to be saved? _____
 Is there more than one way to get to Heaven? _____
 What religions do you believe to be cults? _____
 What are your beliefs in speaking in tongues? _____
 What other books are inspired like the Bible? _____
 Why do you want to work with the Oasis? _____

VOLUNTEER OPPORTUNITIES

Minimum length of commitment _____ Day & Time Available _____

Areas of interest:

Kidz Klub (Wednesday 1:30-4:30PM, Thursday 1:30-4:30PM)

Club Zion (Friday nights 7-11:30PM)

Special Interest _____

Youth Service (Tuesday nights 5:30-8:00 PM)

- Worship team
- Sound team/PowerPoint
- Activities/games
- Other _____

Urban School of Evangelism Spring break and summer mission teams

Are you willing to commit to orientation, training, and supervision? ___ Yes ___ No

Do you have any physical or medical limitations: ___ Yes ___ No

Briefly give your testimony and include anything in your background that might aid in your effectiveness in sharing with others (i.e., former alcoholic, homosexuality, drug habits, etc.)

PERSONAL REFERENCES

Name _____ Cell _____ Work _____

Address _____ City _____ State _____ ZIP _____

E-Mail _____

Name _____ Cell _____ Work _____

Address _____ City _____ State _____ ZIP _____

E-Mail _____

PERSONAL INFORMATION

Have you ever been accused of or prosecuted for any abuse or sexual misconduct with a child, youth, and/or an adult? ___ Yes ___ No (If yes, please explain on back of this page).

CHURCH HISTORY & PRIOR YOUTH WORK

Name of your church: _____ Pastor/ leadership who knows you _____

List (name, address, and phone #) of other churches you have attended regularly during the past 5 years: _____

Do you attend church regularly? ___ Have you been baptized? ___ How long ago? ___

Have you ever led someone to Christ? ___ Yes ___ No

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. I hereby release any individual, church, youth organization, non-profit organization, employers, or references, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the policies of Oasis of Hollywood, and to refrain from unscriptural conduct in the performance of my services on behalf of the Oasis. I further state **that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a binding agreement which I have read and understand.

Applicant's Signature _____ Date _____
(to be signed in the presence of a staff member of the Oasis)

Witness of staff member of the Oasis _____ Date _____

In case of an emergency, notify _____ Cell _____

REQUEST FOR CRIMINAL RECORDS CHECK

I hereby request **OASIS OF HOLLYWOOD** to search for any information which pertains to any record of convictions or any criminal file maintained on me whether local, state or national. I hereby release said agency from any and all liability resulting from such disclosure.

Name (printed): _____ Signature: _____

Maiden Name (if applicable): _____ Print any and all aliases: _____

Date of birth: _____ Place of birth: _____

All cities of residence: _____ Social Security Number: _____