



Oasis Internship Fact Sheet

“To Reach & To Teach To Reach”

The Oasis of Hollywood has been touching lives in Hollywood since 1979. Our mission is to reach those that are hurting and without the knowledge of Christ Jesus. The ministry continues to multiply through teaching others the how-to's of evangelism. Thousands of students have attended the Urban School of Evangelism for a week of mission training. The Oasis Internship is designed for those students who desire more experience than one week in urban ministry.

The Internship will include: practical biblical teachings, character development and hands-on training that will be applied daily at the Oasis. Interns will plan, develop, and execute outreaches and services alongside the Oasis staff. Responsibilities will include assisting with Kidz Klub, Club Zion (teen drop-in center), Encounter youth church, discipleship, and team leadership for the Urban School of Evangelism, U.S.E.

Internship Highlights

- Meals- Full kitchen facilities, provided only during U.S.E.
- Seasonal outreaches to local community as well as: Skid Row, Venice Beach, Santa Monica Pier, & Hollywood Blvd. • Field Trips: Beach days, Summer/Winter Camps, and Theme Parks• Experience working with kid's ministry & inner city youth, plus street outreach.
- Learning behind the scenes aspects of ministry, organizational experience. • Mentoring by Oasis Staff• Strategically plan and direct one outreach• Dorm style living• Leadership Development

Dates/Tuition

Spring: January-May Fall: September- December Year Long: Available Upon Request Spring Trimester: \$1,600 Fall Trimester: \$1,500

1/3 of tuition is due prior to your arrival.

Application fees and deposits will be deducted from tuition.

Summer: June- August No application fee & No deposit necessary for summer internship

Acceptance Policy Once we have received your application and the following: A recent photo A pastoral recommendation A non-family recommendation A non-refundable application fee \$25 Oasis Intern Application Assumption of Risk form & Housing Contract

You will be contacted for a personal interview. Acceptance is based on prayerful review of your application, recommendations, and the interview.

Oasis of Hollywood P.O. Box 1590 Hollywood, California 90078

WWW.OASISOFHOLLYWOOD.ORG E-mail: Oasis@oasisofhollywood.org

Fax: (323) 463-4767 Phone: (323) 469-3027 ext. 108

To the best of my ability, I have answered all the questions on this application truthfully:

Signature_____



Oasis Internship Application

Dates of Interest

Winter December Spring SUMMER June- August FALL September-

Contact Information

First Name

Middle Name

Last Name

E-Mail Address

Church Information

Church Name

Denomination

Pastor's Name

Youth Pastor

Church Address
City _____ State _____

About You:

Sex _____ Age _____ Date of Birth _____
High School _____ Years of College _____ Shirt Size _____
Have you ever led anyone to the Lord? _____ How Many? _____

Please check all that apply

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | I enjoy Children's Ministry | <input type="checkbox"/> | Been Involved with drugs |
| <input type="checkbox"/> | I am a Musician | <input type="checkbox"/> | Been Involved in the Occult |
| <input type="checkbox"/> | I am Romantically Involved | <input type="checkbox"/> | I've been Convicted of a Crime |
| <input type="checkbox"/> | I am Currently Working | <input type="checkbox"/> | I Have Anger problems |
| <input type="checkbox"/> | I am Living at Home | <input type="checkbox"/> | First Time Away From Home |
| <input type="checkbox"/> | I Desire a Servant's Heart | <input type="checkbox"/> | People Say I am Afraid of Work |
| <input type="checkbox"/> | I am On Medication | <input type="checkbox"/> | I Desire to Memorize Scripture |
| <input type="checkbox"/> | I Have a Drivers License | <input type="checkbox"/> | I Work Well With Others |
| <input type="checkbox"/> | I Speak a Foreign Language | <input type="checkbox"/> | I Currently Serve at Church |
| <input type="checkbox"/> | I Tithe Regularly | <input type="checkbox"/> | Been Involved in Homosexuality |
| <input type="checkbox"/> | Been kicked out of school | <input type="checkbox"/> | I am in Good Health |
| <input type="checkbox"/> | I Currently Use Tobacco | <input type="checkbox"/> | I Like Public Speaking |
| <input type="checkbox"/> | 11:00 am is Early to Me | <input type="checkbox"/> | |



Oasis of Hollywood Internship Pastoral Recommendation

Thank you for taking the time to fill this out. We ask that you fax it directly to the Oasis at the number on the bottom of this form. All Recommendations are kept confidential and are for the purpose of helping us to best serve students that will be participating as an Oasis Intern.

Your Contact

Please take a moment to evaluate the applicant. If you are unsure or feel unable to evaluate any areas, please note them on the back of this sheet. For a valid reference, all areas must be filled out completely and sent in directly by you.

Character

	Frequently	Occasionally	Seldom	
Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argumentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leadership

	Excellent	Above	Average	Below	Poor
Team Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontational Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name _____

First Name _____

E-Mail Address _____

Home Address _____

City _____ State _____ Zip _____

Day Phone _____

Eve Phone _____

Would you like to be added to Oasis Mailing List?
Yes No

Relationship to applicant _____

Skills

	Excellent	Above	Average	Below	Poor
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Giftings

	Strong	Average	Weak	Not
Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oasis of Hollywood P.O. Box 1590 Hollywood, CA 90078
E-mail: Oasis@oasisofhollywood.org Fax: (323) 463-4767



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Your Contact

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Character Frequently Occasionally Seldom

Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argumentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leadership

Poor

Excellent Above Average Below

Team Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontational Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name

First Name

E-Mail Address

Home Address

City

State

Zip

Day Phone

Eve Phone

Would you like to be added to Oasis Mailing List?
Yes No

Relationship to applicant _____

Skills

Excellent Above Average Below
Poor

Office Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Giftings

Strong Average Weak Not

Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oasis of Hollywood P.O. Box 1590 Hollywood, CA 90078
E-mail: Oasis@oasisofhollywood.org Fax: (323) 463-4767

Oasis Of Hollywood Housing Policies

1. One of the criteria of acceptance is the availability of volunteer housing. You should expect to have at least one or more roommates. It is possible that you may be asked to share or move into other rooms during your stay. Please be advised that your right to stay in volunteer housing is temporary and may change at any time, and is not your residence. You are not a tenant at the Oasis of Hollywood, simply a guest.
2. All interns are expected to work a minimum of 40 hours per week, including service projects, cleaning offices, volunteering in ministry outreaches, attending church, staff meetings, Bible studies, witnessing, and other services as needed.
3. All interns may be assigned to work in the kitchen area. This is subject to change as needs arise. We ask for you to wash your own dishes and clean up after yourself after use.
4. Attendance at a church on Sunday morning. Check with staff for local recommendations.
5. All interns are expected to attend the Oasis of Hollywood services and all programs.
6. No smoking, alcoholic beverages, illegal drugs or pornography are allowed in rooms or anywhere on the premises. If you become an intern with the Oasis of Hollywood, it is also expected that you would not be smoking, drinking alcohol, involved with illegal drugs or pornography off the premises as well. Doing so would cause disciplinary action and/or dismissal.
7. Pets are not allowed on premises or in any rooms. This includes dogs, cats, and reptiles.
8. Members of the opposite gender are not permitted in bedrooms and /or living quarters unless they are married to each other. Propping open the door does not create an exception to this policy.
9. Oasis curfew is at 12:00 midnight. Quiet time begins at 10:00pm until morning.
10. Your room must be kept uncluttered. Rooms/Personal Space are to be cleaned weekly. Room checks are done periodically.
11. Laundry facilities are located on the premises, You will need your own laundry detergent.
12. You are responsible to supply your own bedding, clothing and personal items.
13. You may have a car/truck while you stay here. You must park in the designated areas. All vehicles must be registered and insured by the licensed driver.
14. You must protect your personal and ministry keys and you may not loan them out to anyone. You are held accountable to repay for any of the keys that are lost or stolen, and to re-key the building.
15. Oasis of Hollywood allows you to bring personal items to campus, but please be advised that the Oasis of Hollywood does not carry insurance for your personal items and the Oasis of Hollywood will not be responsible for your items.

ALL POLICIES ARE SUBJECT TO CHANGE WITHOUT NOTICE AS NEEDS ARISE. FAILURE TO COMPLY WITH ONE OR MORE OF THESE POLICIES COULD RESULT IN IMMEDIATE DISMISSAL FROM PROPERTY AND/OR MINISTRY. A DECISION TO DISMISS YOU IS NOT APPEALBLE.

I HAVE READ AND UNDERSTAND THESE POLICIES, RULES AND REGULATIONS.

Note: This is for use by adults who participate as a volunteer for Oasis of Hollywood. The Oasis of Hollywood may not have insurance to cover injuries or accidents that occur while acting in a volunteer capacity, and it has no means of adequately supervising all volunteer activities, we ask volunteers to assume all risks associated with them as a condition of their participation.

I, _____ (name of volunteer), in consideration of my acceptance as a volunteer at the Oasis of Hollywood, 1725 Ivar Ave., Hollywood, CA 90028, represent and agree that:

1. I am a volunteer worker and not an employee of the Oasis of Hollywood.
2. I am aware of the hazards and risks to my person and property associated with serving, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment as a volunteer with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my personal property, and I release the Oasis of Hollywood and its agents, officers, directors, and employees from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with serving in this capacity.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I am aware of the hazards and risks to my person associated with participation in the Oasis of Hollywood as a volunteer, as described above.

I further understand that the Oasis of Hollywood may not have any insurance coverage that would apply in the event of my death, illness, or injury, or damage to my property that may occur during my participation as a volunteer, and if

I desire insurance coverage I am responsible for the cost of such insurance.

I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law.

I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date _____
Name _____

Print

Signature _____

Address

City

State

Zip

IMPORTANT: Please have two (2) witnesses observe your signature, and have them sign below. They must be at least eighteen (18), and should not be relatives.

Witness: _____ Witness: _____

Address: _____ Address: _____

City: _____ City: _____

State & Zip: _____ State & Zip: _____

SELF EVALUATION

CHARACTER

Frequently Occasionally Seldom Never

SKILLS	CHARACTER					TALENT								
	Excellent	Above Average	Average	Below Average	Poor	I am Cheerful	I am Outgoing	I Display Integrity	I Complain	I am Depressed	I am Humble	I am Rebellious	I Gossip	I am Argumentative
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do you have daily mandatory medical needs?

- Do you have any conditions that could hinder you from daily chores or activities?

- Do you have special dietary needs due to a medical condition?

- Have you ever been diagnosed with Bulimia or Anorexia?

- Do you have allergies?

LEADERSHIP

Excellent Above Average Below Average Poor

LEADERSHIP	Excellent	Above Average	Average	Below Average	Poor
Team Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontational Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean-up Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TALENT

Yes No

TALENT	Yes	No
Drama	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>
Video Editing	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Graphics	<input type="checkbox"/>	<input type="checkbox"/>

Please return this application in with the following:

- Your Testimony written in detail
- The Assumption Risk Form
- Self Evaluation
- \$25 application fee
- Housing Policy Forms
- Internship Application
- Why you desire to come and work with the Oasis
- Two Recommendations

To the best of my ability, I have answered all the questions on this application truthfully:
Signature _____ Date _____

To the best of my ability, I have answered all the questions on this application truthfully:
Signature _____