



OASIS SENIOR CENTER CITY OF NEWPORT BEACH & FRIENDS OF OASIS

VOLUNTEER APPLICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Telephone #(s): Home _____ Cell _____

Email: _____

Current Employer (if applicable): _____

If retired, former occupation: _____

Prior Volunteer Experience: _____

Emergency Contact: _____ Telephone #: _____

Relationship: _____

Please check Two (2) Areas that you are interested in, when an opening becomes available a representative will call you to set up an interview:

- | | |
|--|--|
| <input type="checkbox"/> Boutique/Rummage Sale | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Center Meals Program | <input type="checkbox"/> Pancake Breakfast |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Greeters Desk | <input type="checkbox"/> Spring Fund Raising Event |
| <input type="checkbox"/> Library | <input type="checkbox"/> Travel Office |

Languages Spoken: _____

Days Available:

Monday Tuesday Wednesday Thursday Friday

Hours Available:

AM PM Flexible