OASIS
Older Adult Services and Intervention System
A Program of Catholic Charities

Catholic Charities is committed to manifesting Christ's spirit by collaborating with diverse communities, Promoting human dignity and advocating for social justice.

VOLUNTEER APPLICATION

*Please **complete** this application and return to Catholic Charities OASIS, 2532 Ventura Blvd., Camarillo, CA 93010. Phone: (805) 987-2083, email CRios@ccharities.org. You will be contacted for an interview after your application is received. Volunteer commitment and agency orientation take place after a volunteer is accepted for a position. NOTE: Only fully completed applications will be considered.*

Personal Information

_____   _____   _____
First Name   Last Name   MI

_____   _____   _____
Address   City   Zip

_____   _____   Ethnicity (*optional*); check all that apply

Cell Phone   Home/Other Phone

- □ African American
- □ Asian/Pacific Islander

_____   _____

Email Address   Gender

- □ Hispanic/Latino
- □ Native American
- □ White

How long have you lived in the area?_____

- □ Other _____
- □ Decline to State

Emergency Contact

_____   _____   _____
Name   Relationship   Phone Number

Interests and Skills

What types of **tasks/activities** are you interested in doing? (Check all that apply)

□ Clerical Services   □ Fundraising   □ Friendly Visiting   □ Telephone Reassurance

□ Shopping   □ Transportation   □ Other (specify) _____

Other languages that you speak, read or write: _____

References *(please list one personal and one professional reference)*

Name: _____   Relationship: _____

Phone: _____   Email: _____

Name: _____   Relationship: _____

Phone: _____   Email: _____

Transportation Availability

Are you willing to drive your own vehicle to transport clients to run errands?
_____ Yes   _____ No
If yes, please provide the following:

Personal Car Insurance Information

Must be completed by all volunteers who will use personal vehicles for agency business, prior to any such use. Please note that volunteers may <u>not</u> drive a CCLA, Inc. owned vehicle at any time. Prior to driving clients, specific permission from Senior Manager or Regional Director is required.
(See Approval Form For Volunteers Who Drive)

Insurance Company Name:_____Phone _____

Address:_____

City:_____ State:_____ Zip:_____

Policy #:_____ Expiration Date: _____

Amount of Liability Coverage*:_____

*CATHOLIC CHARITIES REQUIRES VOLUNTEERS TO MEET CALIFORNIA STATE MINIMUM LIABILITY REQUIREMENTS:

- $15,000 for injury/death to one person
- $30,000 for injury/death to more than one person
- $5,000 for damage to property

I, _____the undersigned, hereby acknowledge that the above is
          (Print volunteer name)   true and correct.

_____ _____
          (Signature of Volunteer)   (Date)

Please tell us something about yourself *(work experience, special skills, hobbies/interests, family)*

_____
_____
_____
_____
_____
_____
_____
_____

Why would you like to volunteer for Catholic Charities OASIS at this time?

_____

_____

_____

_____

Information Verification

Everything stated on this application is true and accurate to the best of my knowledge. I understand that if any information furnished here is found to be false, I could be dismissed from my volunteer position. I understand that a background check may be performed.

_____ _____
<div align="center">Applicant Signature   Date</div>

Office Use Only

Applicant Name: _____

Site: _____ Program Number: _____ Region: _____

Volunteer Site Supervisor: _____

Signature _____ Date _____ Phone # _____

Background Check Required: □ No   □ Yes - Date Obtained: _____
                                                                    □ Cleared   □ Did not clear
Live Scan Required: □ No   □ Yes - Date Obtained: _____
                                                                    □ Cleared   □ Did not clear