



REDMOND OASIS VILLAGE INDIVIDUAL VOLUNTEER APPLICATION

Please fill out and sign the application along with the liability, photo and confidentiality releases.

Your responses below will help us to match your talents and interests to our needs.

PERSONAL INFORMATION (Please Print)

First Name: _____ M. I.: ____ Last Name: _____

Primary Phone: _____ Cell Phone: _____

Email : _____

Oasis Village uses email as primary mode of contact for coordinating & facilitating volunteers.

Mailing Address (Street & P.O. Box) _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

18 years or older: Yes ___ No ___ If no, you will be contacted re: individual program guidelines

VOLUNTEER SURVEY (Please check all that apply)

___ I would like to volunteer as an individual

___ I am volunteering as a representative of (family, church, civic, business, etc.)

Group Name/Affiliation _____

Please list any accommodations you need in order to perform your duties:

Do you have any special training you think would be helpful in volunteering? If so, please explain. _____

Any experience specific to poverty and homelessness? _____

AREAS OF INTEREST (Please check all that apply)

Donate a Skill/Service

Administrative/office
 Fundraising/event coordination
 Other (please list) _____

Gardening/landscaping
 Interaction with Participants
 Special projects and events

VOLUNTEERING TO FULFILL SERVICE OR CLASS HOURS?

No Yes

If yes : Details: _____

Please return this application along with the signed LIABILITY, PHOTO RELEASE, and CONFIDENTIALITY FORMS to: Oasis Village Program Volunteers
1805 E Hwy 126
Redmond, OR. 97756
Email: volunteer@oasisvillageor.org

It is the policy of Oasis Village to provide, if possible, volunteer opportunities without regard to any individual's sex, race, color, religion, national origin, pregnancy, age, marital status, sexual orientation, medical condition or disability.

PHOTO/IMAGE/VOICE RELEASE FORM

I, _____, do hereby give Oasis Village and legal representatives the right to use my name, picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive inspection or approval of the finished product that may be created. I also agree that this releases Oasis Village and its representatives from any monetary payments to me for use of video, films, photographs, images and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents.

Volunteer Name: _____ Signed _____ Date _____

VOLUNTEER LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Oasis Village.

I, (print name) _____, acknowledge and state following: I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the Participants of Oasis Village without prior permission from the Program Staff or participants involved. This includes any reference to names, addresses, or other identifiable information.

I also understand the importance of keeping my own personal information (address, phone/cell number, family, employment, etc.) confidential while acting as a volunteer except as the staff of Oasis Village need to know for the purpose of record keeping. I understand that it is against Oasis Village's policy for a volunteer to enter into any financial relationship (bartering, direct donating, loaning, trading, etc.) with any Participant while acting as a volunteer.

I have chosen to volunteer my services/time/skills to Oasis Village. I understand that this work may entail some physical labor, heavy lifting, and other strenuous activity which I do at my own risk. If I decide to undertake a physical task (painting, moving, stacking) I certify that I am in good health and physically able to perform this type of work if I accept a task of this nature. Consequently, I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved as a volunteer with Oasis Village.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Oasis Village, together with its officers, agents, and employees, harmless from any and all causes of action arising from my participation in volunteer services to Oasis Village or any damages which may be caused by their own negligence.

Signature of Volunteer

Date _____

CONFIDENTIALITY POLICY ACKNOWLEDGEMENT AND SIGNATURE CERTIFICATION

I agree to treat as confidential all information about Participants and former Participants and their families that I learn during performance of duties as a Volunteer of Oasis Village. I understand that it is in violation of policy to disclose such information to anyone without authorization of an Oasis Village Program Director.

By signing this volunteer application and the release forms, I also acknowledge receipt of a copy of Oasis Village's Volunteer Policy and Guideline Handbook and agree to be bound by the Terms and Conditions therein.

Signature of Volunteer: Name _____ **Date** _____

Print Name: _____