

## **VOLUNTEER APPLICATION**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for volunteer service with OASIS HOUSE, I authorize OASIS HOUSE and/or their agent of choice, to solicit background information relative to my criminal record history. I understand that OASIS HOUSE may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency or other entity contacted by OASIS HOUSE and/or the agent of their choice for purposes of obtaining background report information, to furnish the above mentioned information.

I release OASIS HOUSE, their respective employees, and/or the agent of their choice, their employees, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Please print:				
Last Name		First Na	me	
Date of Birth		City o	f Birth	
County		Stat	e	
AKA or Maiden Name				
Please note: If your addr mail is delivered to.	ess is a rural route o	P.O. Box, we	e must have th	ne city and county you
Current Address				
City	County		State	ZIP
Current Telephone #		Email _		
How long at this address?				
Previous Address:			City	
County	State	Zip Co	ode	

1.	Are you part of a faith community? IF SO, Name
2.	Highest Level of Education/Degree Completed
3.	Current Employer Position Title
4.	Work reference with contact information:
5.	Previous Volunteer experience:
6.	Area of Volunteer Interest:
7.	Have you ever been convicted of a crime? Brief Description.
8.	Is there any reason you would not be able to follow through with a volunteer commitment to Oasis House? Explain.
9.	What is you availability? (Days/Hours Per Week)
10.	Have you had any human trafficking training other than our volunteer orientation?
11.	What other education, experience or hobbies could you bring to the table? Be specific.
12.	Have you known anyone that has been or is currently involved in a sexually oriented business?
13.	Has your life been affected in any way by the sex or adult entertainment industry? If so, please explain.

14. Please describe any past or present life experiences (positive or negative) which help or inhibit serving with Oasis House:	ı may
15. How do you feel about prostitution?	
16. How do you feel about women who are prostituted?	

## APPLICANT'S STATEMENT

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 they may have regarding my character and fitness for outreach ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of OASIS HOUSE and to refrain from unscriptural conduct.

Applicant's Signature Date	
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IF YOU HAVE NOT BEEN CONTACTED WITHIN 2 WEEKS OF YOUR ORIENATION,
PLEASE DO NOT HESITATE TO CONTACT US.