



OASIS SENIOR CENTER
CITY OF NEWPORT BEACH
& FRIENDS OF OASIS

VOLUNTEER APPLICATION/INFORMATION

Name: _____ Date: _____
Address: _____
City: _____ Zip: _____
Telephone #(s): Day _____ Evening _____
Current Employer (if applicable): _____
If retired, former occupation: _____
Prior Volunteer Experience: _____
Emergency Contact: _____ Telephone #: _____
Relationship: _____

Please check the areas that you are interested in and if there are openings a representative will call you to set up an interview:

- Annual Boutique, Barbecues, Blood Pressure Nurse, Casino Night, Center Meals Program, Clerical / Friends' Office, Computer Work, Donor Wall Up Keep, Fitness Center, Friends' Public Relations, Friends' Fundraising, Gift Shoppe, Grant Writing, Group Activity Leader, Holiday Decorating, Information/ Greeter, Library, Meals on Wheels, Membership, Monthly Newsletter, Pancake Breakfast, Special Events, "Sunshine" Activities, Tea Dance DeeJay, Teaching a Class, Telephone Reassurance, Tax Preparer or Receptionist, Travel Office, Other:

Days Available:

- Monday, Tuesday, Wednesday, Thursday, Friday

Hours Available:

- AM, PM, Flexible