



Volunteer Application Form

Please complete in black ink or type

Surname..... Forename(s).....

Address.....

.....

Phone No. (day)..... (eve).....

Mobile.....

e-mail.....

In case of emergency whilst at Oasis North London, whom should we contact?

Name..... Phone No.....



1. Please list below any relevant training/ education/qualification e.g. Health & Safety, Food & Hygiene, First Aid. (use an additional sheet if necessary).

Date completed	Course description	Training body

Previous work experience (Voluntary or Paid) (use an additional sheet if necessary)

(This information is to help us match volunteers' skills and needs to their placement)

Organisation	Position	Duties	Start - End dates	Reason for leaving

2. Why do you wish to volunteer with Oasis North London?

**3. What (if any) relevant experience do you feel you would bring to the post?
Please state where the experience was gained.**

**4. What experience/knowledge (if any) do you have of the issues that people affected/infected by HIV are faced with?
(e.g. confidentiality, stigmatisation, employment, etc.)**

5. Have you had any training in HIV Awareness? Yes/No

If Yes, please state level of training.

6. Which of the following areas would you be interested in volunteering?

[You may tick more than one.]

- a. Oasis Learning Centre
- b. Oasis Web Café
- c. Oasis Women's Project
- d. The Living Room at Oasis
- e. Administration (Office)
- f. Finance
- g. IT
- h. Cooking/Catering
- i. Other: please state_____

7. What days and times would you be available to volunteer?

DAY:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
MORNING							
AFTERNOON							
EVENING							

8. If there are currently no volunteering opportunities available, would you be willing for us to keep your information on file for the future. Yes/No

9. If accepted, would you be willing to commit to volunteering for a minimum period of 6 months?

10. If a car-owner, would you be willing to use your car on occasional Oasis business e.g. collecting donations? (Expenses would be refunded). Yes/No

11. How did you first come to hear of Oasis North London?

The above information is correct to the best of my knowledge.

Signed: Date:

REFERENCES

Please give the name of two referees, one of whom should know you in a **work capacity, paid or voluntary**, in the past three years (if applicable).

The other reference should come from a person who has known you in a **personal capacity** for at least three years.

Name.....	Name.....
Address.....	Address.....
.....
.....
Tel.....	Tel.....
Capacity.....	Capacity.....

Please return the completed form to:

**Oasis North London
Unit 2000, Regis Road
Kentish Town, NW5 3EW
Tel 020 7485 2466
Fax 020 482 4109
E-mail info@onl.org.uk**

THANK YOU