



Application for Volunteers with the OASI Foundation VO/0072

Name: _____ Telephone number: _____
 Surname: _____ Mobile number: _____
 Date of Birth: _____ ID Card/Passport number: _____
 Address: _____
 Email: _____

How did you find out about the OASI Foundation?

What motivated you to do voluntary work with us?

What are your special skills?

What is your availability? (days, times, etc ..)

What are the areas you would like to volunteer in? (Please tick all that apply)

Selling / Bazaar	<input type="checkbox"/>	Secretarial Work	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Administrative skills	<input type="checkbox"/>
Auctioneering	<input type="checkbox"/>	Maintenance/ DIY	<input type="checkbox"/>	Soliciting Donations	<input type="checkbox"/>	Organizing walks	<input type="checkbox"/>
Musical Talents	<input type="checkbox"/>	Web design	<input type="checkbox"/>	Facebook / Twitter	<input type="checkbox"/>	Reception	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Transporting	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	IT	<input type="checkbox"/>
Crafts / Arts	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Cooking / Catering	<input type="checkbox"/>
Counselling/ Social Work	<input type="checkbox"/>			Journalism / Editing of Documents	<input type="checkbox"/>		
Cooking / Catering	<input type="checkbox"/>			Presenting Discussions/ Talks	<input type="checkbox"/>		
Distribution and Collection of Donation Bottles	<input type="checkbox"/>			Assist in Therapeutic Activities	<input type="checkbox"/>		
Translating (English/ Maltese)	<input type="checkbox"/>			Promotional Material Distribution	<input type="checkbox"/>		
Accounting/ Book keeping	<input type="checkbox"/>			Organizing Functions/Events	<input type="checkbox"/>		
Sorting Storage of Donated Items / Furniture	<input type="checkbox"/>			Organizing Children's Events	<input type="checkbox"/>		
Nursing/Medical/First Aid	<input type="checkbox"/>						

Other: _____

OASI is collecting your personal details in order to be able to send you information about OASI and our activities and to best meet your requests for volunteering. You can opt out of receiving any correspondence by sending us an email on info@oasi.org.mt.

Signature _____

Date _____