



OCEAN STATE CENTER FOR INDEPENDENT LIVING

1944 Warwick Ave, Warwick, RI 02889 ~ 175 Main St, Pawtucket, RI 02860

Phone: 401-738-1013 ~ VP: 244-7792 ~ Website: oscil.org

Volunteer Application

Date _____

Name _____ Date of Birth _____

Address _____

Phone # _____ Email address: _____

Social Security# _____

Emergency contact _____

Previous work or volunteer experience:

Skills checklist (list skills needed in the organization's volunteer positions such as computer, tutoring, administrative skills, phone calls, teaching, supervision).

References: One or more personal references with contact information; and one or more professional or work-related references with the supervisor's name and contact information

The highest education level reached: _____

Language/s spoken: _____



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Physical limitations: _____

How did you hear about us? _____

When are you available to volunteer? Mornings Afternoons

Specific days and hours requested: _____

How many hours per week? _____

Reason for volunteering? _____

Statement of and description of prior criminal convictions or offenses

(Signature)