

VOLUNTEER APPLICATION

Name: _____ DOB: (Month & Day) _____
Address: _____ City: _____ County: _____
State: _____ Zip Code: _____ E-Mail Address: _____
Phone: (home) _____ Work: _____
Emergency Contact: _____ Phone #: _____

I. SKILLS & INTERESTS

1. Education, Licenses & Certifications: _____
2. Current Occupation: _____
3. Hobbies, Skills & Interests: _____
4. Current/Previous Volunteer Experience: _____
5. Fluently Spoken Languages: _____
6. Clubs, Organizations or Church Involvement: _____

II. PREFERENCE IN VOLUNTEERING: Is there a particular type of volunteer work in which you are especially interested?

(Please Check All That Apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Crisis Line Relief | <input type="checkbox"/> Children's Program |
| <input type="checkbox"/> Sexual Assault Crisis Intervention | <input type="checkbox"/> Life Skills/ Parenting Facilitators | <input type="checkbox"/> Maintenance/ Handyman |
| <input type="checkbox"/> Childcare Worker | <input type="checkbox"/> Donation Assistance | <input type="checkbox"/> Other _____ |

III. AVAILABILITY: At what times are you interested and available to volunteer?

- | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Early Afternoons | <input type="checkbox"/> Late Nights |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends | <input type="checkbox"/> Other _____ |

IV. BACKGROUND VERIFICATION:

1. Have you ever been convicted of a criminal offense? YES NO
2. Have you ever been charged with neglect, abuse or assault? YES NO

Please know that the information you share in questions # 3 & # 4 is strictly confidential.

3. Have you ever been a victim of domestic violence or sexual assault? YES NO

4. Have you or someone close to ever dealt with any of the following issues?

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Rape |

5. How did you hear about us?

- | | | |
|--|---|--|
| <input type="checkbox"/> I saw TV ad/Report | <input type="checkbox"/> I saw a newspaper clipping | <input type="checkbox"/> I heard it on the radio |
| <input type="checkbox"/> I heard it through my church/organization | <input type="checkbox"/> Other _____ | |

6. Please tell us briefly about yourself, why you choose WINGS, and any skills that would help you as a volunteer. Please tell us why you are interested in becoming a volunteer. _____

7. Please list three non- family references:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____