



WINGS VOLUNTEER APPLICATION

CONTACT INFORMATION

Today's Date:

Last Name:

First Name:

Title:

Gender:

Birth Date:

Street Address:

Apt.:

City:

State:

Zip:

Home Phone:

Cell Phone:

E-Mail Address:

@

AVAILABILITY

How often would you like to volunteer?

What is your preferred schedule availability?

Will you need documentation of your volunteer hours? YES NO

If YES, please explain:

VOLUNTEER INTERESTS

What position are you applying for?

Why are you interested in volunteering for WINGS?

BACKGROUND

Are you employed? YES NO

Are you currently in school? YES NO

Employer:

Position:

Do you have other volunteer experience? YES NO

If YES, please explain:

Do you have any personal experience with the issue of domestic violence? YES NO

If YES, please explain:

Have you ever plead guilty to or been convicted of a crime? YES NO

If YES, please explain: