



# 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:

## VO LUNTEER INTERESTS

What position are you applying for?

Why are you interested in volunteering for WINGS?

## BAC KG RO UND

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: