



# WINGS VOLUNTEER APPLICATION

## CONTACT INFORMATION

Today's Date:

Last Name:

First Name:

Race/Ethnicity:

Gender:

Title:

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?

Language Skills in addition to English:

List any additional information you would like us to know:

Where did you hear about us:

## 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:

Each person in the group agrees to participate in all screening, orientation and training necessary to volunteer with WINGS. The service and selection of any volunteer participant or any group of volunteers is at the sole discretion of WINGS. WINGS may terminate the service and/or activities of the group or of any volunteer within the group for any reason at any time and without notice. Volunteers are not being retained for any specified period of time, and their applications are not intended to be a contract for employment or for a continued volunteer position.

*Please return to Bruna Srb at [bsrb@wingsprogram.com](mailto:bsrb@wingsprogram.com), or contact her with questions at 847-519-7820 x 216.*

*Thank you so much for your interest in our volunteer program. We look forward to reviewing your application, and we will be in touch.*