



Wings of Hope Community Outreach Volunteer Application Form

Thank you for your interest in volunteering with Wings of Hope. Volunteers play a very critical role in our organization. All applications are reviewed by NGO Management and held strictly confidential. The current needs of the organization will dictate who can volunteer and when. Your cooperation in providing requested information will allow us a better ability to assess whether this is a good fit for both you and Wings of Hope.

Personal Details (feel free to add more information on the back of this form if more space is needed.)

Name _____ Mr. Mrs. Miss Ms

Address _____

Country: _____ Birthdate _____

Phone _____ Email _____

Occupation/Grade Level (if student) _____

Name of Employer or School _____

What church do you attend? _____

What relevant skills, interest, experience, training and/or education do you have?

Please tell us about any previous volunteer work you have done (e.g. where you have worked, for how long and what you did).

Please indicate in what area you would like to work with us:

Please tell us why you want to work with us and what you hope to gain.

Please indicate when you are available to volunteer (indicate days, times, duration, etc.)

Please provide references if any (non-relatives).

Name _____ Relationship _____ Contact _____

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Do you have any special needs or any other comments?

If you are working with us and an emergency arises, whom should we contact?

Name _____ Relationship _____ Contact _____

Signature _____ **Date** _____