

Eagles Wings of Grace - Volunteer Application

Thank you for being willing to volunteer with us. Eagles Wings of Grace would not be able to continue without being blessed by you.

Please return completed applications to: Veronica@eagleswingsofgrace.org or Jacline@eagleswingsofgrace.org

Personal Information

Date _____

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male Female Date of Birth _____ Marital Status: Single Married Divorced

Address: _____ City/State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____ How long have you lived in the area? _____

Email Address: _____

Church Member: Yes No Church _____

Preferred way to be contacted: Phone Email Best time to contact: _____

What ministries, social services, organization do you participate in? _____

Volunteer Position

Please circle all that you're interested in.

Working with Clients
Information\Technical Systems
Housekeeping

Clerical Administration
Donations/Inventory
Landscaping

Volunteer Ability

I am able to volunteer on: Monday Tuesday Wednesday Thursday Friday Saturday.

Our hours are 10 am – 3 pm I Prefer a 3-hour shift 5-hour shift

Volunteer Experience

Have you ever volunteered or worked in this type of Ministry before? Yes No

Position and description of responsibilities: _____

What talents, interests, skills, and/or training do you have that you feel could be beneficial to Eagles Wings?

Are there any physical limitations or conditions which might prevent you from performing certain types of work?
 Yes No - If yes, please explain: _____

Background Information

Have you ever had or been concerned that you might have an addiction to drugs, alcohol, pornography, or other addiction that might hinder your abilities? _____ No _____ Yes, explain _____

Have you ever been arrested, convicted of, or pleaded guilty to a crime? _____ No _____ Yes, explain _____

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, molesting, or battering any child or adult? _____ No _____ Yes, explain _____

References

1. Name: _____

Relationship to you: _____

Length of time known: _____

Home Phone: _____ Work Phone: _____

2. Name: _____

Relationship to you: _____

Length of time known: _____

Home Phone: _____ Work Phone: _____

All information contained in this application is true and correct to the best of my knowledge. I understand that staff at Eagles Wings of Grace, Intl.

Signature: _____ **Date:** _____