



APPLICATION INFORMATION

Name:

Date of Birth:

Address:

Phone:

Email:

Preferred Method/Time of Contact:

AVAILABILITY

Days Available (Check all that apply):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Please list all times available:

INTERESTS & SKILLS

Please check the areas you are interested in volunteering (Check all that apply):

- ☐ Assisting with food drives and distribution
- ☐ Organizing and packing school supplies or clothing
- ☐ Helping with holiday programs (Toy Drive, Warm Wear Drive, etc.)
- ☐ Event setup and management
- ☐ Administrative tasks (data entry, phone calls, etc.)
- ☐ Other (Specify): _____

Verification of Identity | (required):

Please attach proof of identity verification with your application such as driver's license or state issued id.

ADDITIONAL INFORMATION

Do you have any specific skills or experience that could be helpful in your volunteer role?



EMERGENCY CONTACT		
Name:	Relationship:	Phone:
ACKNOWLEDGEMENT		
By signing this application, I certify that the information provided is true and complete to the best of my knowledge. I understand that Angels On Earth, Inc. may conduct a background check if required for certain volunteer roles. I also agree to adhere to the organization's policies and guidelines during my volunteer service.		
Signature:	Date:	

For Office Use Only:

Date Received: _____ Application Status: ☐ Approved ☐ Denied

Assigned Program/Event: _____

Additional Comments: