

Wings of God Transition Home, Inc.
Volunteer Application Form

To be a part of Wings of God Transition Home, Inc, please complete and sign the following volunteer application form. Once complete, send to the address below:

Wings of God Transition Home Inc.
P.O Box 3
Paw Paw, MI 49079
(269) 415-0777 info@wingsofGodinc.org

Office Use	
Servant Keeper <input type="checkbox"/>	Reference Check <input type="checkbox"/>
Background Check <input type="checkbox"/>	Vol. training <input type="checkbox"/>
Interview Complete _____	

Date _____

Name _____ Birthdate (for BG ck) _____
(last) (first) (mi.)

Other names used (include maiden name, if applicable) _____

Current Address _____ Driver's License # _____

City _____ State _____ ZIP _____ Soc. Sec # _____

Home Phone _____ Cell Phone _____

How long have you lived at this address: _____

E-mail _____ (please print clearly)

EMPLOYMENT INFORMATION

Current Employer (if applicable): _____

Address _____

Phone _____

May we call you at work if necessary? Yes _____ No _____

Business Experience? _____

QUALIFICATIONS:

Level of Education: High School _____ College _____ Trade School _____ Graduate School _____

College Major _____

Name of current school _____

Grade Point Average _____

Is volunteering a requirement for school credit? _____

Grade Point Average _____

Have you ever been convicted of or been on deferred adjudication for, or are you now either awaiting trial for or on deferred adjudication for, a felony or misdemeanor? Yes ___ No ___

If yes, describe in full, including dates and locations.

Conviction will not necessarily bar volunteer service.

Prior Volunteer experience? _____

Where did you hear about our program? _____

PERSONAL DATA:

Special skills, talents, hobbies, interest

___ Clerical/office help

___ In House Class: Subject _____

___ Data Entry - Database

___ Computer/technical knowledge

___ Counseling

___ Crafts

___ Art

___ Job Preparation/Search Committee

___ Bookkeeping/Accounting

___ Writing

___ Prayer Warrior

___ Public Speaking

___ Photography

___ Event Planner/Fundraising

___ Mentoring

___ Transportation

Languages: _____

Why do you want to volunteer at Wings of God? _____

PLEASE LIST TWO LOCAL PERSONAL REFERENCES

(other than family members):

Name _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____

Address _____ City _____ Zip _____

INDICATE TIME AVAILABLE TO WORK:

8:30 - 11:30 11:30 - 2:30 2:30 - 5:30 5:30 - 8:30

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

IN AN EMERGENCY NOTIFY:

Name _____

Relationship _____ Phone (work) _____ (home) _____

Physicians name _____ Phone _____

Mailing Address _____

IF ACCEPTED AS A WINGS OF GOD VOLUNTEER, I AGREE THAT:

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning residents, staff or volunteers, and **not seek** to obtain confidential information from a resident.
2. My services are donated to the ministry without contemplation of compensation or future employment.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of ministry property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Executive Director.
4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on ministry premises, unless I receive the express authorization of the Executive Director to engage in these activities.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
6. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Executive Director.
7. I shall make my best effort to fulfill my commitment to Wings of God by completing all assignments that I accept.
8. I shall at all times uphold the mission of the ministry.
9. I understand that the Wings of God Staff reserves the right to terminate my volunteer status as a result of (a) failure to comply with ministry policies, rules and regulations; (b) 3 absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the ministry.
10. I agree to watch the WOG training DVD, approximately 2-1/2 hours, if the volunteer position works directly with residents.

I have read each of the above conditions and I agree to be bound by them.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information concerning your character, reputation, personal characteristics, and mode of living. You may obtain a copy of this information upon written request.

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause of rejection of this application or termination of volunteer status. I hereby authorize Wings of God , without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorize said employers, schools, or reference to make full response to any inquiries by Wings of God in connection with this application for volunteer service, including police records.

Volunteer Signature

Date

WITNESS CLAUSE

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form.

Wings of God Staff Signature

Date