

Demographic Information

AngelWingz Family Crisis & Intervention Center, Inc. welcomes volunteers from the community. If you would like to volunteer, please complete the entire application and management will contact you within 48 hours.

* Indicates required question

1. Name *

2. Date of Birth *

Example: January 7, 2019

3. Phone Number *

4. Email *

Personal History

5. Are you currently a student? *

Mark only one oval.

Yes

No

6. What is the highest level of education you completed? *

Mark only one oval.

- Didn't complete high school
- High School Diploma
- Received G.E.D.
- Some college (includes incomplete college)
- Received Associate's Degree or Technical School Diploma
- Received Bachelor's Degree
- Received Post Graduate Degree

7. If you have earned or are currently in schooling to earn a degree, what is your major or special interest of study?

8. Are you currently employed? *

Mark only one oval.

- Yes
- No

9. Please list any past or current volunteer experience and briefly describe your role *

10. Have you ever plead guilty to a crime? (Responding 'yes' may not stop you from volunteering) *

Mark only one oval.

Yes

No

11. If yes, please list here

12. Have you been charged with crime such as rape, murder, battery, or theft? (If yes, please discuss with management, there may be alternative volunteering opportunities available) *

Mark only one oval.

No

Yes

13. AngelWingz is a strictly drug-free environment. Have you ever been dependent, or are you currently dependent, on illicit drugs or alcohol? *

Mark only one oval.

I am/have been dependent on drugs

I am/have been dependent on alcohol

No, I have never been dependent on either

14. Please disclose any and all drug or alcohol dependencies

15. Are you currently, or ever have been, involved in a mental health facility or program? *

Mark only one oval.

Yes

No

16. If yes, what facility or program were you involved with?

17. Are you currently taking any prescribed medications? (Including medical marijuana) *

Mark only one oval.

Yes

No

18. If yes, please list prescribed medications here

19. Have you ever experienced abuse? (Be honest, there is no condemnation) *

Mark only one oval.

- Yes
- No
- Not sure

20. Please specify the nature of the abuse
(Such as, but not limited to, sexual, emotional, financial, physical, sex trafficking)

Availability

21. Area of interest *

Check all that apply.

- Administrative
- Social media
- Other: _____

22. Number of hours available to volunteer per week: *

Mark only one oval.

- 1-5 hours
- 5-10 hours
- 10+ hours
- As needed
- Other:

23. Why are you interested in volunteering? *

Mark only one oval.

- Course credit
- Court-mandated community service
- Internship
- Personal interest
- Other:

24. Why are you interested in volunteering with AngelWingz Family Crisis & Intervention Center, Inc.? *

25. How did you hear about AngelWingz? *

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