

# ANGEL ON MY SHOULDER VOLUNTEER APPLICATION

(Type or print. Please complete information thoroughly and accurately.)

## GENERAL INFORMATION:

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Permanent Address \_\_\_\_\_ School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ School Phone: (\_\_\_\_\_) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Present Grade: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name of Parents (if under 18):

Social Security No. \_\_\_\_\_ Mother \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ State \_\_\_\_ Type \_\_\_\_ Father \_\_\_\_\_

Gender: Male\_\_ Female\_\_ Date of Birth: \_\_/\_\_/\_\_ Adult Shirt Size: T-Shirt (summer)\_\_\_\_ Sweatshirt (winter) \_\_\_\_

How do you consider your health? \_\_\_\_\_

Do you have any physical or mental limitations: If so, please describe: \_\_\_\_\_

## RELATED INFORMATION:

Describe volunteer experiences you have had (camp, church, hospital, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe experiences you have had working with people: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List organizations or clubs in which you are ACTIVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SKILLS /INTEREST INVENTORY:

Please list any special talents, skills, or programs in which you have an interest \_\_\_\_\_  
\_\_\_\_\_

### Which *Angel On My Shoulder* programs interest you and list what capacity you are interested in filling:

- \_\_\_ Guardian Angel \_\_\_\_\_
- \_\_\_ Uplifting Angels \_\_\_\_\_
- \_\_\_ Angel Wings \_\_\_\_\_
- \_\_\_ Angel Connection \_\_\_\_\_
- \_\_\_ Angel Care \_\_\_\_\_
- \_\_\_ Camp Angel \_\_\_\_\_
- \_\_\_ Camp Teen Angel \_\_\_\_\_
- \_\_\_ Fundraisers \_\_\_\_\_

### PLEASE FILL OUT ONLY IF OVER 18:

Have you ever been convicted of child abuse or sexual abuse offense? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

I give permission for a potential employer to do a complete background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Signature  \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



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Camp Angel and Camp Teen Angel are presented by Angel On My Shoulder and Marshfield Clinic

