

Volunteer Application Form

­­­­­­­­Thank you for your interest in volunteering with Little Wings, Inc.!

Volunteers play a vital role in Little Wings, and help us to reach families across Montana. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr. ⬜ Mrs. ⬜ Miss. ⬜ Ms. ⬜

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth-date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day / Month / Year

Because we work with grieving families, we want our volunteers to be compassionate, sensitive, and kind. Volunteers must not reveal the names of families with anyone outside the organization. If a family uses our services, volunteers should report the name and address of the family to a Little Wings officer for our records, and so that we may make other caskets to replace the ones used.

Please answer the following questions, so that we can get to know you better.

Have you ever been convicted of a felony?

Yes ⬜ No ⬜

If you ticked yes, please provide details below

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Have you ever done any volunteer work before? Yes ⬜ No ⬜

If you answered yes, please tell us a little about the experience.

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Why do you want to become a Little Wings volunteer?

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What kind of volunteer work interests you?

(See ‘Categories of Volunteering in Educate Together’ for more information)

⬜ Visiting families

⬜ Building Caskets

⬜ Making Burial Gowns

⬜ Distributing Materials to Hospitals, Pregnancy Care Centers, etc.

⬜ Other

**6.** When are you available to volunteer? ⬜ Totally Flexible

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**8.** Are you willing to travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** How did you find out about Little Wings?

⬜ Facebook

⬜ Website (www.ourlittlewings.org)

⬜ Pamphlet

⬜ Word of Mouth

⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Media Radio / Television / Newspaper

References

**1.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give the finished application to a Little Wings representative, or email finished application to [ourlittlewings@gmail.com](mailto:ourlittlewings@gmail.com). You may also mail finished application to:

Little Wings, Inc.

4591 Ackley Lake Rd.

Hobson, MT 59452

Is there any additional information you would like to bring to our attention?

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I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Little Wings and I agree that I will carry out ALL Little Wings business with kindness, compassion, and respect. I will not try to solicit money from families for services provided and understand my position is unpaid.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| For office use only Notes  Volunteer Role Description sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  References Collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Volunteer Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |