



Date: \_\_\_\_\_

# ON ANGELS' WINGS, INC. Volunteer Application

*On Angels' Wings is passionately dedicated to the rescue and rehoming of abandoned animals and animal-centered education programs.*

Name: \_\_\_\_\_ (please print) Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Any Medical Limitations/Special Needs: \_\_\_\_\_

Special Skills: \_\_\_\_\_

### **In case of emergency, notify:**

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

Phone Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Volunteer Preferences (check all that apply):**

#### **THRIFT STORE – 3 hours per week minimum**

My preferences include: (check all that apply)

\_\_\_\_ Sorting Donations

\_\_\_\_ Preparing Store Displays

\_\_\_\_ Cashiering

\_\_\_\_ Store maintenance

#### **ANIMAL WELFARE – 2 hours per week minimum**

\_\_\_\_ Pet Showcaser – OAW Adoption Center

\_\_\_\_ Pet Socializer – OAW Adoption Center

\_\_\_\_ Pet Showcaser – Crystal Lake Petco

\_\_\_\_ Pet Care taker – Crystal Lake Petco

#### **OTHER – As needed**

\_\_\_\_ FUNDRAISERS/SPECIAL EVENTS

\_\_\_\_ ACCOUNTING

\_\_\_\_ ADMINISTRATIVE

\_\_\_\_ MARKETING

What hours are you available to work?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Why would you like to volunteer for us? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list any previous volunteer experience: \_\_\_\_\_

**References:**

\* Please list **two personal references** (not family members):

Reference 1 Name	Email address	Phone
Reference 2 Name	Email address	Phone

\* Please also list **one professional reference** (employer or teacher):

Reference 3 – Professional Ref. - Name	Phone Number or email address (preferred)
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**Personal:**

1) Date of birth (optional): \_\_\_\_\_

2) Present Employer/School: \_\_\_\_\_

3) Have you ever been convicted of a felony? \_\_\_\_\_

*I affirm under penalty or perjury that the answers to the above questions are truthful. I give permission for a Background Check should OAW management determine it necessary. I certify to the best of my knowledge that information contained in this application is complete. I understand to falsify information is grounds to terminate my volunteer services at any time.*

*I understand that my volunteer service may be terminated at will and at any time by either myself or On Angels' Wings, Inc. with or without cause. I also understand this application represents no contractual agreement of any type. I authorize any person or organization listed on this application to provide any information with regard to my past or current association and release said entity from any liability for disclosing information about me.*

*Further, I understand that I must complete the volunteer training and orientation program prior to performing volunteer duties.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

*If a volunteer is **under the age of 18, a parent or legal guardian must sign below**, accepting the terms of this agreement.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form in person, mail or email it to:** Pets – [OAWAnimalWelfare@yahoo.com](mailto:OAWAnimalWelfare@yahoo.com) or  
Resale – [OAW.ExecutiveDirector@gmail.com](mailto:OAW.ExecutiveDirector@gmail.com)

On Angels' Wings, Inc.  
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