



Date: _____

ON ANGELS' WINGS, INC.

Volunteer Interest Survey

On Angels' Wings is passionately dedicated to the rescue, vetting and rehoming of orphaned animals.

Name: _____ (please print) Phone Number: _____

Alternative Phone Number: _____ Best time to Contact: _____

Address: _____ City: _____ Zip: _____

Email address: _____

Medical Limitations/Special Needs: _____

How would you like to be addressed (and have your name badge appear)? _____

In case of emergency, notify:

Name: _____ Relationship: _____

Phone Number: _____

Spouse's Name: _____ Phone: _____

Your Volunteer Preferences (check all that apply):

Please note that we ask for a 3 hour per week minimum commitment. Volunteers who work 3 or more hours per week are entitled to a 30% Resale Store discount.

Pet Rescue and Adoptions	Resale Store
Help with pets in the adoption center	Tag Incoming Donations
Help with offsite events	Cashier/Help at the Front End
Assist with fundraisers/special events	Prepare Displays/Merchandise
Administrative assistance	Administrative Assistance
Marketing	
Photography/video	
Social media (website, Facebook, Twitter)	
Veterinary care assistance	
Community outreach	
Pet Transport	

Please describe any **special skills** that you have which could benefit OAW or any specific interests:

What hours are you available to volunteer?

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____
 Sunday _____
 Work from Home (Virtual Volunteer) _____

Can you commit to a schedule for a 6-month period? _____
 Why would you like to volunteer for us? _____
 Do you believe in our mission? _____
 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)

Personal:

- 1) Birthday: (MO/DAY/YEAR**optional*) ___/___/_____
- 2) Present Employer/School: _____
- 3) Highest Level of Education Achieved: _____
- 4) Have you ever been convicted of a felony? _____ If “Yes”, explain: _____

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 – Emily@OnAngelsWings.org or
 Resale – jshager@OnAngelsWings.org

Crystal Lake Plaza, 6500 Northwest Highway 2D, Crystal Lake, IL 60014