



# Angels' Place Volunteer Program Application Form

Full Name \_\_\_\_\_  
(Mr. Mrs. Ms. Miss Other)

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (optional): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

In an Emergency Call \_\_\_\_\_

Employer \_\_\_\_\_

Special Talents/Hobbies/Interests \_\_\_\_\_

Volunteer Opportunities in which I would be most interested:

- One on one with residents (arts, crafts, activities, reading, movies...)
- Home Maintenance (decorating, spring cleaning, painting, yard work...)
- Office (answering phones, mailings, clerical, computer work...)
- Special Events (Golf, Dinner, Angels' Friends, Concert, Family Fun Day)
- Other \_\_\_\_\_

Days and Time available: \_\_\_\_\_

Preferred location(s) Please check locations at which you are available to volunteer:

- Office (Southfield)
- Wayne County
- Macomb County Home
- Oakland County

Angels' Place requires that all volunteers attend a volunteer orientation session. Sessions occur four times per year, occur on weekdays and last approximately 45 minutes to one hour. Which orientation time would you prefer?

- 8:30 AM
- 5:00 PM
- No preference
- Other \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Personal References (not relatives):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



# Angels' Place Volunteer Program Application Form

I understand that Angels' Place requests confidentiality of all information I may hear, directly or indirectly, while volunteering. I understand that Angels' Place has the right to terminate my volunteer status should I fail to comply with the volunteer policies detailed in the Volunteer Manual. I also understand that for my safety and for the health and safety of others, I must meet certain medical and legal requirements. I give permission to Angels' Place to complete a background check of my driving and criminal records.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_ (required by federal and state agencies for background checks)

Date of last TB Test (required under our licensing guidelines to work in group homes) \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteers are often photographed for newsletters, presentations, and informational purposes. I authorize the use of my name and/or photo by Angels' Place for promotional, informational or any other purpose, and release Angels' Place as to any liabilities arising from such authorized use.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Resume optional)

Additional Comments and Volunteer Experience:

---

---

---

---

---

---

---

---

---

---

**Please return to:** Angels' Place  
25240 Lahser Road, Suite 2  
Southfield, MI 48034

**Phone:** (248) 350-2203  
**Fax:** (248) 350-3577  
[mlevey@angelsplace.com](mailto:mlevey@angelsplace.com)

*Providing Christian Homes and Hope for Persons with Developmental Disabilities Since 1992.*

**For Office Use Only**

Application Received \_\_\_\_\_ Orientation \_\_\_\_\_ Project Assigned \_\_\_\_\_