

You can submit your application electronically to the Angels' Place office by downloading this application to Microsoft Word. Once complete, email to our office. Or you may print the application and fax or mail to the Angels' Place office once completed.

Angels' Place Volunteer Application Form

Full Name _____ Date: ____/____/____
(Mr. Mrs. Ms. Miss Other)

Address _____ City _____ Zip _____

Home Phone: (_____) _____ - _____ Work Phone (optional): (_____) _____ - _____

Fax: (_____) _____ - _____ Email _____

In an Emergency Call _____

Employer _____

Special Talents/Hobbies/Interests _____

Volunteer Opportunities: Please check all opportunities in which you 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 Classic, Annual Dinner, Angels' Friends events, Annual Concert, Family Fun Day)
- Other _____

Days and Time available: _____

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

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

Personal References (not relatives):

Name _____ Address _____ Phone _____

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For Office Use Only

Application Received _____ Reviewed _____ Project Assigned _____