



Angels' Place Volunteer Program Application

Full Name: _____ Today's Date: ____/____/____

(Mr. Mrs. Ms. Miss Other) (Please include middle initial, alias or other names used, including maiden name.)

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Fax: (____) _____ - _____ Email: _____

In an Emergency Call: _____ Relationship to you: _____

If under 18 years old: Parent Name, Signature & Email _____

Employer / School/Place of Worship: _____

Special Talents/Hobbies/Interests: _____

If you must fulfill service hours for a school or church obligation-how many hours? _____ By what date? _____

Volunteer Opportunities in which I would be most interested:

- One on one with residents (visit a home to share arts, crafts, play wii, read, movies...)
- Home Maintenance (decorating, spring cleaning, painting, yard work...)
- Office (answering phones, data entry, mailings, clerical, computer work...)
- Special Events (Golf Classic, Annual Dinner, Angels' Friends Events, Benefit Concert, Family Fun Day)
- Enrichment Day Program (Monday – Thursday 10:00am – 2:00pm)
- Other _____

Days & Times available: _____ Frequency: 1X ___ Weekly ___ Monthly ___ Other (be specific) _____

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

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

Personal References (not relatives):

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____



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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 ____/____/____

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) ____/____/____

From time to time volunteers are 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 purposes, and release Angels' Place from any liabilities arising from such authorized use.

Signature _____ Date ____/____/____

(parent signature required for volunteers under 18 years of age)

Additional Comments and Volunteer Experience:

How did you hear about Angels' Place?

Please return to: Angels' Place
29299 Franklin Rd., Suite 2
Southfield, MI 48034

Phone: (248) 350-5989 ext. 151
Fax: (248) 350-3577
dbradley@angelsplace.com

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

For Office Use Only

Application Received _____ Program Policy (Signed) - Received _____ Reviewed _____

Orientation _____ Project Assigned _____