



Windward Instruction for Generalization of Skills

Volunteer Application

I am interested in volunteering at:

Kaneohe District Park Site _____

Kailua Community/Pali Lanes _____

Off-Site --Woodworking class _____

Off-Site --other _____

Today's Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____ E-mail _____

Age _____

Employer (if any) _____

Address _____

Telephone Number _____

Emergency Contact Information:

Name _____ Relationship _____

Address (home & email) _____

Phone Number _____

Limitations related to health:

(For the protection of yourself and others we ask that all volunteers provide W.I.N.G.S. with a current TB clearance)

TB Clearance Yes _____ No _____

If no would you be able to acquire TB clearance? Yes ___ No ___ if no please state why:

How did you hear about The W.I.N.G.S. Group?

Friend _____ Craig's List _____ Other _____

Please list your volunteer experience, if any:

Personal or Professional References (No relatives please)

Name: _____ Phone _____

Years Known _____ Relationship _____

Name: _____ Phone _____

Years Known _____ Relationship _____

W.I.N.G.S. asks for a volunteer commitment of 3 (three) months minimum commitment or 30 hrs. Will you be able to commit to this? Yes _____ No _____ If not this---how long? _____
Check here if this is a "trial period" (you can make a commitment to the group later if you chose to do so):
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Volunteer Availability:

Check those shifts in which you think you would be available. Note: Checking more than one does not mean that you will be assigned more than one shift.

Monday's (Kaneohe) a.m. : _____ 2:30 pm- 4:45 pm _____
Wednesday's (Kaneohe) a.m. : _____ 1:30 pm- 4:45 pm _____
Thursday's (Kailua) _____ 2:45 pm - 4:45 pm _____
Friday's (Kaneohe) a.m. : _____ 2:30 pm- 4:45 pm _____

Special Skills or Volunteer interest:

Woodworking _____ Teaching _____ (in what area) _____

Yoga _____ Swimming _____ Weightlifting _____ Bocce _____ Tennis _____ Golf _____ Gardening _____

Other recreation/exercise (specify) _____ Arts & Crafts _____ Music _____ Drama/theater _____

Graphic/Website Design _____ Video- or Photography _____ Brochure Design _____ Data Entry _____

Cleaning _____ Cooking _____ Organizing Supplies _____ Supply Storage _____

Other: (please specify) _____

Your signature indicates your approval for us to check references. W.I.N.G.S. is not obligated to provide a volunteer placement within this organization, nor are you obligated to accept the volunteer position offered. Opportunities for volunteers are provided without regard to Religion, Creed, Race, National Origin, Age or Sex.

By signing below you certify that the above information is accurate and correct to the best of your knowledge.

Signature: _____ Date: _____

Parent (if needed): _____ Date: _____