



ADMIN USE ONLY

Date trained: _____
C H Check: _____
References: _____
Start Date: _____
On Schedule: _____
Mailing List: _____
End Date: _____
Comments: _____

Wellnet Volunteer Application Form

(Confidential)

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Place of Employment: _____

Emergency Contact: _____ Phone: _____

1. For what position(s) would you like to volunteer?

- FOCUS on Kids Classroom Volunteer SNAC Program Classroom Volunteer
 Clerical/Administrative Wellnet Fundraising Committee

2. Please Indicate Availability

Classroom Volunteers:

Weekly Twice per month Once per Month Once per semester

Write in schedule preferences:

Days of the Week:

Time of Day:

All other Volunteers- Time is flexible, but workload would require a monthly or weekly commitment of independent work sessions.

I can commit:

3 hours per month 6 hours per month 3 hours per week 5 hours per week

3. Please indicate date of training session you will attend:

4. Special training, skills or interests: _____

5. List past volunteer experiences and other organizations to which you belong: _____

6. Any restrictions that might affect your availability for, or type of volunteer service (family, work schedule, transportation, etc..) _____

7. How did you hear about The Wellnet? _____

Please list two references **not** related to you (Community, Business, Present or Past Employer). If you have previously worked with children, paid or volunteer, please list supervisor as a reference.

1. **Name:** _____ **Home Phone:** _____ **Work Phone** _____

Job Title or relationship: _____

Fax: _____ **Years known:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

2. **Name:** _____ **Home Phone:** _____ **Work Phone** _____

Job Title or relationship: _____

Fax: _____ **Years known:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Have you ever been convicted of a crime? Yes: _____ No: _____

If yes, please attach an explanation.

In order to provide the safest environment for the children whom we teach, the Board of Directors of the Delmarva Community Wellnet Foundation (The Wellnet) will conduct a reference check, possibly a criminal history check, and may conduct an interview. Completion of this application does not guarantee acceptance into this program. By signing this application, you have been informed and you have agreed to these procedures.

I certify that the facts contained in this application are true and complete to the best of my knowledge.

SIGNATURE

DATE

Please return this form to:

The Wellnet c/o Kim Furtado, N.D. 32191 Nassau Road, Unit 3 Lewes Delaware 19958

Any questions? Please call Kim Furtado, N.D. at 302-945-2107 or Nick Kypreos at 302-245-6654