



Wellness G.I.F.T.S.

Volunteer and Assistant Application Form

Name			
Address 1			
Email			
Phone 1		Phone 2	
Emergency Contact Information			
Name		Relationship	
Home Phone		Cell Phone	
Dates Available	<input type="checkbox"/> June 14-16 <input type="checkbox"/> July 26-28 <input type="checkbox"/> August 23-25 <input type="checkbox"/> September 21-22		
Choose training*	<input type="checkbox"/> May ^{-tba} <input type="checkbox"/> June 14 <input type="checkbox"/> July 26	TShirt Size	
*If you cannot make any of these dates, please call the Director. You must attend training prior to available date.			
Assignment Preference	<input type="checkbox"/> Set-up Crew <input type="checkbox"/> Runner/Helper <input type="checkbox"/> Assistant**		
**If Assistant chosen, which ages?	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> 16-20		
Lodging Preference	<input type="checkbox"/> Commute <input type="checkbox"/> Camp On-Site***		
***Please list lodging partners and explain if you have a tent for free tent site, will need to borrow a tent, or if you would like to use our new bunkhouse at no cost.			

Have you been an Assistant or volunteer at Wellness G.I.F.T.S. in the past? If so, please indicate year/s and position/s.	<input type="checkbox"/> yes <input type="checkbox"/> no
Dates and Positions:	
Have you ever been convicted of a misdemeanor or felony and do you have any pending criminal charges against you? If yes, please explain.	<input type="checkbox"/> yes <input type="checkbox"/> no
How did you hear about Wellness G.I.F.T.S.?	
Photo Permission	
I do hereby give Wellness G.I.F.T.S., Inc. permission to use photographs, videotapes, with or without audio, which may be taken while I am attending the retreats for promotional, educational or fundraising activities. I understand that these likenesses will be used to promote public awareness, understanding and support of the Wellness G.I.F.T.S., Inc. program.	
SIGN	DATE



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What interests you about being an Assistant?

Describe your experiences that relate to working with people who have special needs.

Please list other volunteer experience you have had.

Please list other skills and experience you have that will benefit your work with our families.

Please rate yourself in the following:
 5=Excellent, 4=Very Good, 3=Average, 2=Fair, 1=Not a Strength

	Accepting Responsibility		Emotional Stamina		Teaching Abilities
	Adaptability		Team Player		Following Directions
	Physical Stamina		Taking Initiative		Leadership

Please check any areas in which you are certified:
 Water Safety Instruction First Aid AED CPR

Do you speak another language? Which?

Are there families with whom you prefer to work?



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References

If you are 18 and over or plan to complete an internship or community service commitment with Wellness G.I.F.T.S., please identify two professional references and one personal reference. You may include reference letters, but we will need to contact your reference with specific questions.

If you are under 18 please provide at least one professional reference (a teacher or someone for whom you babysit, for example) and two personal references.

Choose one:	Name			
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Address		Phone	
			Email	
Choose one:	Name			
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Address		Phone	
			Email	
Choose one:	Name			
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Address		Phone	
			Email	

Please mail, fax, or scan and email your application to:

Mail
Wellness G.I.F.T.S.
7531 County Route 13
Bath, NY 14810

Fax
607-776-9218
Attn: Wellness G.I.F.T.S.

Email
director@wellnessgifts.org

Please visit our website or call the director at 607-684-3243 for more information.

www.wellnessgifts.org

We are also on Facebook, Twitter, and LinkedIn.