



Wellness G.I.F.T.S., Inc.

Volunteer and Assistant Application Form

Name			
Address			
Email			
Phone 1		Phone 2	
Emergency Contact Information			
Name		Relationship	
Home Phone		Cell Phone	

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
Explanation:	
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

Please check any areas in which you are certified:	<input type="checkbox"/> Water Safety Instruction <input type="checkbox"/> First Aid <input type="checkbox"/> AED <input type="checkbox"/> CPR
Do you speak another language? Which?	



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What type of time commitment are you interested in making? <i>eg. before the retreat, during the retreat, recurring monthly / ongoing</i>	
Families and retreats depend on volunteer “Assistants” to partner with a family/individual for 1:1 support while participating in group activities. Would you be willing to be an Assistant? If so, please indicate age range (campers typically range from 0-20’s)	
Retreat Dates Available (specific dates will be on facebook & website when finalized)	<input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September
<i>*Training is required for all volunteers and is held in a group setting (zoom may be available). You will be contacted to discuss options.</i>	
What would you be interested in helping with to support our mission? <i>eg. packet prep for retreats, arts and crafts during the retreat, games and physical activities during the retreats, setup/cleanup, Board of Directors, tech support...</i>	

Please submit your application by:

Email director@wellnessgifts.org
Fax 607-776-9218
Mail Wellness GIFTS, Inc.; 7531 County Route 13; Bath, NY 14810

Please visit our website or call the Director at 607-684-3243 for more information.
www.wellnessgifts.org

Connect with us on facebook, LinkedIn, or Google!