



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

## Volunteer and Assistant Application Form

<b>Name</b>			
<b>Address</b>			
<b>Email</b>			
<b>Phone 1</b>		<b>Phone 2</b>	
<b>Emergency Contact Information</b>			
<b>Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>	

<b>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.</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Dates and Positions:</b>	
<b>Have you ever been convicted of a misdemeanor or felony and do you have any pending criminal charges against you? If yes, please explain.</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Explanation:</b>	
<b>How did you hear about Wellness G.I.F.T.S.?</b>	
<b>Photo Permission</b>	
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.	
<b>SIGN</b>	<b>DATE</b>

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



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<b>What type of time commitment are you interested in making?</b> <i>eg. before the retreat, during the retreat, recurring monthly / ongoing</i>	
<b>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?</b> If so, please indicate age range (campers typically range from 0-20’s)	
<b>Retreat Dates Available</b>	<input type="checkbox"/> June 18–20 (Bath) <input type="checkbox"/> July 10 (Rush) <input type="checkbox"/> August 7 (Penn Yan) <input type="checkbox"/> September 17–19 (tentative)
<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>	
<b>What would you be interested in helping with to support our mission?</b> <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](mailto: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](http://www.wellnessgifts.org)

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