



Wellness GIFTS

a program by Pathways, Inc.
Volunteer and Assistant Application Form 2024



Name			
Address			
Email			T-shirt size
Phone 1		Phone 2	
Emergency Contact Information			
Name		Relationship	
Home Phone		Cell Phone	

Have you been a Volunteer, Assistant, or Intern at Wellness GIFTS 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 GIFTS?	
Photo Permission	
I do hereby give Wellness GIFTS, a program by Pathways, Inc. permission to use photographs and videos, 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 Wellness GIFTS in the following formats/mediums: print, website, social media, video.	
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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<p>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)</p>	
<p>Retreat Dates Available <input type="checkbox"/> May 31–June 2 <input type="checkbox"/> August 23–25</p>	
<p>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, tech support</i></p>	

I am over 18

I am between the ages of 15-17 – requires parental consent.

Parental Consent for Helping Hands Volunteers

I certify that I am a Parent/Guardian of _____ and I hereby grant permission for her/him to participate in the Wellness GIFTS Summer 2022 Retreats program as a Helping Hands volunteer.

SIGN		DATE	
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Signature of Parent/Guardian

Thank You for Volunteering!

Please submit your Volunteer Application by email to wellnessgifts@pathwaysforyou.org. If you have questions, please call (607) 937-4502 to speak with the Director.

Visit wellnessgifts.org to learn more about the program!

Connect with us on facebook and Instagram!