Angel Heart International

**Volunteer Application and Questionnaire**

*Please complete the following form and email it to* [*volunteering@angelheartintl.org*](mailto:volunteering@angelheartintl.org)*. Thank you and we look forward to reading your application!*

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| Name: |  | | | | | |
| Address: |  | | | | | |
| City: |  | State: |  | Zip Code: |  |  |
| Phone: |  | | Home Cell | | | |
| Email Address: |  | | | | | |

If you are a student, which school do you attend and what year will you graduate?

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| --- | --- | --- | --- |
| School: |  | Year: |  |

**AHI offers different volunteer options. Please underline the option you prefer.**

One Time Volunteer (Participate in a project one time only)

Term Volunteer (Participate in projects for a minimum of 3 months)

Long Term Volunteer (Participate in projects for a minimum of 1 year)

Board member Interest (Participate on board for a minimum of 1 years)

**In order to participate in any of the volunteer positions that AHI has to offer, we would like to get to know you better. Please answer the questions below about yourself and feel free to attach additional pages if needed.**

Please share with us why you would like to volunteer at AHI. What do you hope to achieve as an AHI volunteer?

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What do you believe is the most important aspect in patient care?

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Please list any skills, talents, or interests that you have. Have you held any leadership positions? Are you currently or have you been involved with other volunteering organizations? If yes, please describe what type of experience and any positions that you have held.

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AHI and our volunteers hold our mission statement at the highest regard. In your opinion, describe to us AHI’s mission statement and what do you think of it?

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Please write three goals you have as a volunteer for AHI. These may be personal or related to the organization.

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**Finally, we would like to know some things about you. This will help us in placing you in the volunteer committee that suit you best. Please answer the questions below.**

How did you hear about AHI?

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Are you fluent in Mandarin Chinese? Can you read, write, or speak Mandarin Chinese? Are there any other languages that you are fluent (read, write, or speak)?

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Are there any restrictions to your ability to volunteer? (Are there any physical limitations, calendar conflicts, or other concerns?)

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# **CONFIDENTIALITY and COMMITMENT STATEMENT**

I understand and agree that in the performance of my duties as a volunteer at Angel Heart International (AHI), I must abide by all policies and procedures, including to hold as strictly confidential all personal and medical information that I may obtain directly or indirectly concerning each children that AHI helps. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to AHI solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

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| Volunteer Signature (Electronic Signature)  Please enter your full name. |  | Date |

Please email this form to volunteering@angelheartintl.org