

Post Office Box 183
Havana, Florida 32333
contact@wisdomswellspring.org

Wisdom's Wellspring



Office Entry Only

____ Date Application Reviewed

____ Entered Volunteer Participation

Contact Information

Name _____ Address _____

E-mail Address _____ Phone Numbers _____

Who should we contact in case of an emergency? Please clearly print name, address, telephone # and relationship to you.

Are you over the age of 18? ___yes ___no. If you answered "no", please be aware that you must be accompanied by an adult chaperone approved by your parent or legal guardian, in order to volunteer with Wisdom's Wellspring.

How did you hear about Wisdom's Wellspring?

Availability

Please tell us the when you are available to volunteer with Wisdom's Wellspring

____ Weekly ____ Daily Circle days you are available: Mo Tues Weds Thurs Fri Sat Sun

____ Monthly ____ Occasionally Times you are available: ____ Morning ____ Afternoon ____ Evening

When would like to begin volunteering? _____ Start time: ____ a.m. ____ p.m. End time: ____ a.m. ____ p.m.

Areas of Interest

Administration

____ Board of Directors ____ Legal Assistance ____ Non-Profit Consulting Services ____ Accounting Services

____ Data Entry ____ Bookkeeping ____ Telephoning ____ Filing ____ Mailing

____ Computer/IT Support and/or Website ____ Development/Maintenance ____ Research ____ Grants Writing

Residential Management/Maintenance

____ Substitute for Scheduled Resident Director Respite Times ____ Emergency Substitute for Resident Director

____ Residential Day Supervisor ____ Construction/Renovation ____ Handyman/Repairs

____ Residence Decoration Services ____ Residence Procurement ____

Residential Client Personal Services

____ Mentoring ____ Job Coach ____ Transportation ____ Education/Training Guide ____ Prayer Partner

Residential Client Life Skills Training and Professional Services

Life Skills Training – Please specify your area(s) of expertise that you would like to teach:

- Fitness Nutrition Health Healthy Cooking Hygiene Personal Safety Addiction Prevention
- Budgeting Household Management Smart Shopping Household Cleaning/Maintenance
- Job Hunting Skills Resume' Prep Interviewing Skills Dressing for Success
- Time Management Workplace Etiquette Work Ethics
- Building Healthy and Appropriate Workplace Relationships
- Building Healthy Personal Relationships Conflict Resolution Repairing Broken Relationships

Professional Services

- Spiritual Formation Group Bible Study Leader Worship Leader Mental Health Counseling
- Applicant Assessment Group Counseling Legal Assistance Social Skills Training
- Education/Training Institutions Liaison Leadership Training Community Service Placement Coordination

Public/Media Relations and Marketing/Development

- Fund-raising Event Planning Newsletter Production Volunteer Program Coordination
- News Media Liaison Brochure Production Inter-agency Relations Churches Relations
- Donor Coordination Donor Communications Donor Solicitation Revenue Development

Other

Please tell us about any other special skills, talents or abilities you have that you would like to utilize to support Wisdom's Wellspring:

Please note that some volunteer positions may require a criminal background check.

Do you have any physical or medication limitations for which you may need an accommodation in order to volunteer?

yes no If your answer is yes, please let us know what accommodations you need. _____

Agreement

By submitting this application, I affirm that the information provided is true and correct to the best of my ability. I understand and agree that if at anytime, I am unable or unwilling to abide by Wisdom's Wellspring's policies, procedures and Code of Ethics, I will discontinue volunteering with Wisdom's Wellspring.

Signature

Date

Thank you for taking the time to complete this application and for your interest in volunteering to help make Wisdom's Wellspring a meaningful and successful ministry for women and for the communities they will help transform.