



Under Adria's Wings Youth Application Volunteer Application

Email your completed application to: underadriawings@gmail.com

Mission: To empower, encourage and help as many grieving children as we can navigate through their journey.

Fun: Children love to have fun, play, and laugh. We provide programs within our organization where kids can enjoy their childhood during their grief journey.

Community: Death and grief are not openly discussed in American society. Providing children with a peer group of children and adults that share a similar experience rebuilds a fundamental social foundation. At Under Adria's Wings, we create a community where our kids can feel safe to be kids and to share their stories of loss and create memories of life.

Safety: We are focused on creating a healing environment where participants feel safe and comfortable sharing when they are ready.

Long-term Support: Children who lose a loved one are at greater risk for development of behavioral issues one to two years following the death than they were immediately after the death. Recognizing that grief is a long-term issue and not an event, Under Adria's Wings provides long-term support to children as they continue to face the challenges of life after a parent or guardian has passed.

We look forward to having you become a part of Under Adria's Wings Youth Organization! After we receive your application, we will contact you and arrange an interview by phone with our volunteer coordinator. All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that we require a criminal background check. We will advise how this may be done in the most efficient way.

If you have any questions, please feel free to contact us at 504-249-9629.

Under Adria's Wings Youth Organization Volunteer Application

Personal Information

First Name: _____

Last Name: _____

Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer (if applicable) _____

Date of Birth: _____

Skills and Experience

Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?

Interests

Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.

_____ Administration

_____ Events

_____ Programs

_____ Fundraising

_____ Communications

_____ Social Media

_____ Tutoring

Availability

What days are you usually available? Mon: ____ Tues: ____ Wed: ____ Thurs: ____ Fri: ____ Sat: ____

How many hours are you available per week? _____ Do you prefer Morning? ____ Afternoon? ____

Please describe any physical limitations: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Main Phone: _____ Alternate Phone: _____

References

Please provide the names and contact information of two character references:

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Liability Release:

As a volunteer of Under Adria's Wings Youth Organization, I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____