



Father Champlin's
Guardian **ANGEL** Society
wings for education

Volunteer Application

Full Name: _____

Nickname: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Preferred email address: _____

Parish Affiliation: _____

VIRTUS "Protecting God's Children" training previously completed? ____yes ____no

If yes, please note when completed and which parish it was completed through: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Availability Day(s): _____ Available Time(s): _____

Volunteer Experience and Areas of Interest:

Thank you for your interest and support.