



# Volunteer Form

Date \_\_\_\_\_

Name and pronouns \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred method of contact      Text      Email

**What type of volunteer work are you interested in?** (check all that apply)

- ☐ Attending events (carrying equipment, assisting with activities, helping parents etc.)
- ☐ Household help (meals, cleaning, errands etc.)
- ☐ Medical supply exchange (organizing/ driving/ delivering etc.)
- ☐ Administrative (planning fundraisers, making calls, collecting resources etc.)
- ☐ Respite care
- ☐ Events planning
- ☐ Other:

**What experience do you have working with medically fragile kids?** (note- there are many volunteer roles which do not require any formal degree or training. This is just to get an idea of the level of support our volunteers and families will need)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> RN       | <input type="checkbox"/> other profession (MD, LCS, PT, OT, SLP etc) |
| <input type="checkbox"/> LPN      | <input type="checkbox"/> Medical parent                              |
| <input type="checkbox"/> CNA      | <input type="checkbox"/> Caregiver                                   |
| <input type="checkbox"/> DSP/ PSW | <input type="checkbox"/> Have not worked with medically fragile kids |
| <input type="checkbox"/> Other:   |  |

\*Please note that Viktoria's Angels is run entirely by volunteers. We cannot guarantee that all requests will be filled, but we will try our best to meet everyone's needs. Thank you for your understanding.



**Tell us why you are interested in being a volunteer for Viktoria's Angels**

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**In general, what does your availability look like?** (We understand that this can vary widely with many different families and schedules. If there are certain days / times of day that work well for you, please let us know)

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