

Wings of a Butterfly
"Breaking the Cycle of Domestic Violence"

"Changing the World ONE Butterfly at a Time."

Volunteer Team Application:

Name:	Date: :
	Date of :
	Birth
ADDRESS:	
CITY STATE ZIP CODE	
■ PHONE NUMBER:	
■ EMAIL ADDRESS:	
Volunteer Interest Areas:	
Food Pantry: Cleaning, Organizing, Inventory	Holiday Events: Gather event specific donatio
"Store": Sorting, Organizing, Replenishing Items	set up/break down event, work event etc. General: Cleaning, organizing, put together baskets, helping with current needs etc
Education:	
School: :	Did you : Grduate
Address :	
Current Employment or Previous Volunteer W	ork:
Business Organization Name :	Position:
Supervisor Name:	Phone Number:
Address:	
Have you ever volunteered with	us before?
Signature Of Person Named	Signature Of Executive

(If Selected)