



Wings Network, Inc.

Founded in 2008

"Cancer in our Rural Communities"

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Angel Wings Network, Inc.

Volunteer Program Application Form

Date _____

Start Date _____

(For Office Use)

Name _____

Home Phone _____ Cell# _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Email _____

Employer (if applicable) _____

I am available to volunteer:

Day(s) of the week _____ Time(s) _____

My special interest and skills include _____

I would like to help with the following:

___ Office Support

___ Media Contact

___ Photography

___ Prayer Blankets Health

___ Fairs

___ Social Media

___ Fundraising

___ Special Events

___ Transportation

___ Hospital Outreach

___ One on One Support Network

___ Baking

___ Other (specify) _____

Volunteer Signature

Angel Wings Representative Signature

Thank you for offering your services