



MISSION STATEMENT: *Welague Global Healing Network Inc. is a nonprofit organization dedicated to promoting mental, emotional, spiritual, and community healing through trauma-informed, faith-sensitive, and culturally responsive services.*

VOLUNTEER APPLICATION FORM

1. PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>
Full Legal Name	DOB
<input type="text"/>	<input type="text"/>
Preferred Name (if different)	Email
<input type="text"/>	<input type="text"/>
Phone Number	City / State / ZIP Code
<input type="text"/>	
Home Address	

2. EMERGENCY CONTACT

<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	
Phone Number	

3. AVAILABILITY

Days Available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekend

Time Availability:

- Morning
- Afternoon
- Evening

Length of Commitment:

- Morning
- Afternoon
- Morning
- Ongoing

Estimated Hours Per Week:

4. SKILLS & EXPERIENCE

Relevant Skills, Training, or Certifications:

Previous Volunteer or Work Experience (if any):

5. VOLUNTEER INTEREST AREAS (Check all that apply)

- Administrative / Office Support
- Faith-Based Support Services
- Mental Health Support (Non-Clinical)
- Social Media / Content Creation
- Peer Support / Group Assistance
- Fundraising / Donor Relations
- Community Outreach & Education
- Youth & Family Programs
- Event Planning & Logistics
- Other: _____

6. BACKGROUND & SAFETY SCREENING

- Yes No Have you ever volunteered in a mental health or social service setting?
- Yes No Are you willing to complete a background check if required?
- Yes No Have you ever been convicted of a felony?
(If yes, please explain. This does not automatically disqualify you.) _____

7. STATEMENT OF INTEREST

Why do you want to volunteer with Welague Global Healing Network Inc.? _____

8. CONFIDENTIALITY & ETHICAL AGREEMENT

I understand that as a volunteer I may be exposed to sensitive, confidential, or protected information. I agree:

- Not to disclose client or organizational information
- To maintain confidentiality at all times
- To follow all ethical and trauma-informed guidelines
- To immediately report any safety concerns

8. VOLUNTEER ACKNOWLEDGMENT

I understand that:

- Volunteering does not create an employment relationship
- I may be released from service at any time
- I am not authorized to provide clinical services unless licensed and approved

Signature: _____

Date: _____