WELAGUE
GLOBAL HEALING NETWORK INC

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

Full Legal Name

DOB

Preferred Name (if different)

Email

Phone Number

City / State / ZIP Code

Home Address

2. EMERGENCY CONTACT

Name

Relationship

Phone Number

3. AVAILABLITY

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