



# EAGLE'S WINGS

Christian Love in Action  
932 West 3<sup>rd</sup> Street (PO Box 426)  
Washington, NC 27889  
Phone (252)975-1138 FAX (252)975-1108

## Volunteer Application Please fill out both front and back.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work Cell

E-Mail \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_  
Name Relationship Phone Number

Age: (circle) Under 18 19 – 40 41 – 60 61+ Gender: (circle) Male Female

Are you a professing Christian? Yes No Church Affiliation \_\_\_\_\_

Occupation: \_\_\_\_\_ Physical Limitations: \_\_\_\_\_

Education Level Completed: \_\_\_\_\_ Degree/Field: \_\_\_\_\_

Special Skills, Hobbies or Interests: \_\_\_\_\_

Other Volunteer Experience: \_\_\_\_\_

Please read over the volunteer services needed at Eagle's Wings:

Food Pantry:

- sort food
- prepare boxes of food for distribution
- cleaning (warehouse and contents)
- daily pick-up from local stores

Interviewing/Counseling:

- direct contact with daily clientele
- training available for intake interviewing

Front Office:

- filing
- cleaning

Repair/Handyman

- general repairs in front and warehouse
- hedge trimming
- trash pickup

Please circle the type of volunteer service you prefer.

Our hours of operation for serving clients are Tuesdays from 9 – 11:30 AM, 2:00 - 4:30 PM, and 5:30 – 7:00 PM. We are closed to clients every 5<sup>th</sup> Tuesday. In addition to Tuesdays, warehouse workers are needed Monday – Friday from 9:00 – 11:30 AM.

Please write in the times you are available to volunteer.

Hours FROM \_\_\_\_\_  
UNTIL \_\_\_\_\_  
Monday Tuesday Wednesday Thursday Friday

# EAGLE'S WINGS

## Volunteer Requirements

AS AN EAGLE'S WINGS VOLUNTEER I AGREE TO ABIDE BY THE  
FOLLOWING REQUIREMENTS:

1. I understand that as an Eagle's Wings volunteer I have no special privileges or special status. If I have a need or desire for food or monetary service from Eagle's Wings I will go through the same procedures as any family. I understand I cannot do my own Intake Form or that of a relative or close friend.
2. I will abide by all established procedures. In the event of a situation not covered by policy only the Board of Directors or designated representative will make the decision.
3. If I see any misconduct or policy violation on the part of anyone connected with Eagle's Wings I will immediately report this fact in private to the Board of Directors or designated representative.
4. If an emergency arises I will call and leave a message at Eagle's Wings as soon as possible. If possible I will try to find a replacement for myself.
5. I acknowledge these volunteer requirements by my signature below. I understand I may not begin service as a volunteer until I turn this sheet in to the Directors or designated representative.

---

Signature

---

Date

---

Printed Name

---

Address

---

Home Phone

---

Cell Phone

---

E-Mail Address