**JT Angels of Heaven Peer-to-Peer and Mentorship Program Volunteer Form**

Thank you for your interest in volunteering with the JT Angels of Heaven Foundation. Please fill out the form below to apply for our Peer-to-Peer and Mentorship Program. As a volunteer, you can choose in-person or online activities. Please email the completed form to: **lachaney@jtangels.com**

### Personal Information

* Full Name:
* Date of Birth:
* Gender:
* Address:
  + Street:
  + City:
  + State:
  + ZIP Code:
* Phone Number:
* Email Address:

### **Availability**

* **Preferred Volunteering Days:**
  + ☐ Monday
  + ☐ Tuesday
  + ☐ Wednesday
  + ☐ Thursday
  + ☐ Friday
  + ☐ Saturday
  + ☐ Sunday
* **Preferred Volunteering Times:**
  + ☐ Morning
  + ☐ Afternoon
  + ☐ Evening

### **Experience and Skills**

* **Relevant Experience:**
  + Please describe any previous experience in mentoring, counseling, or working with youth.
* **Skills and Qualifications:**
  + List any specific skills or qualifications that would benefit our program (e.g., CPR certification, language skills, etc.).

### **Interests**

* **Areas of Interest:**
  + ☐ Peer-to-Peer Mentorship
  + ☐ Group Activities
  + ☐ Educational Support
  + ☐ Mental Health Support
  + ☐ Other (please specify):

### **Background Check**

To ensure the safety of our youth, all volunteers must undergo a background check.

* **Consent to Background Check:**
  + ☐ Yes
  + ☐ No

### **Emergency Contact Information**

* Emergency Contact Name:
* Relationship:
* Phone Number:

### **Additional Information**

* Why do you want to volunteer with the JT Angels of Heaven Foundation?
* How did you hear about our volunteer program?

### **Agreement**

I hereby certify that the information provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee acceptance as a volunteer.

* **Signature:**
* **Date:**

Thank you for your application! We will review your information and contact you soon.