**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.