



**Wings Volunteer Application**

**Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home/Cell Phone	
Work Phone	
E-Mail Address	

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekday afternoons  
 Weekend events       Weekday evening events

**Interests**

Tell us in which areas you are interested in volunteering

- East Memphis    Midtown Memphis    Southaven
- Arts & crafts in treatment room  
 Community outreach  
 Events  
 Fundraising  
 Hospital visitation  
 Partnering program  
 Supportive care in West Cancer Center  
 Weekends

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please contact Diane Feruglio at 901.683.0055 or [dferuglio@westclinic.com](mailto:dferuglio@westclinic.com) if you would like to learn more about our volunteer program or stop and ask a volunteer in a red apron how this experience enriches their life.

Mail to:

Diane Feruglio  
West Cancer Center  
7945 Wolf River Blvd.  
Germantown, TN 38138