

Chrysalis Women's Transitional Living, Inc.
Welcoming Inspiring Nourishing Giving Serving
W.I.N.G.S. Membership Form

W.I.N.G.S. is a volunteer network that adds their abilities and creativity to the areas that interest them-whether it be helping with program social activities, helping with public events and fundraising, providing life skills classes, Bible studies, or helping around the homes-together we strive to uphold the organization and meet whatever needs arise. Chrysalis has a very small staff and is primarily a volunteer organization. Your help is tremendously valuable in helping to empower women toward positive life change.

Name: _____ Date: _____

Address: _____ Zip code _____

Cell Phone: _____ Home Phone: _____ Birth Date: _____

Email: _____ Employer: _____ Title: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about Chrysalis? _____

What drew you to volunteer? _____

Which church are you attending? _____

Describe your work experience or education that will assist you in a volunteer position:

Licenses, Certifications, Registrations: _____

Have you ever been arrested or convicted of a criminal offense? (If yes, explain): _____

NOTE: Conviction of an offense does not necessarily mean an individual will not be allowed to participate.

Do you have any physical limitations? If yes please explain: _____

Current or past volunteer community/ church activities: _____

What are your hobbies or recreational interests: _____

Once you become a WINGS volunteer, you will be kept apprised of the various activities and happenings at Chrysalis. Feel free to volunteer for anything that peaks your interest! We do ask that you select one primary area of interest where you can utilize your gifts and talents.

If you are interested in becoming a volunteer with Chrysalis, please fill out the information below. If you have any questions please feel free to contact Gail Kirklín, Community Relations at 208-424-1323.

Please circle your area (s) of interest:

Social Activities	Teaching	Fundraising
Public Relations	Booths	Office Help
Landscape	Maintenance	Food Prep/Dinners
Church Outreach	Crafts classes	Other: _____

Are there specific volunteer activities you want to be involved in at Chrysalis? _____

When would you be available for volunteer work? Check all that would apply:

Weekdays _____ Weekends _____ Evenings _____

I understand that a background check and fingerprinting could be required depending on my volunteer placement, requirement as a volunteer and that my previous involvement

Signature _____

Date: _____

Please return application to:

Gail Kirklín
P.O. Box 7494
Boise, Idaho 83707
Email: change@chrysalisidaho.org
Fax: 208.446.0972

Please do not write in this box:

Initial contact: _____ or Event _____

Roster _____ Email _____ Call _____ Interview _____

Welcome Note _____ Packet _____ Committees _____