



**Volunteer Application**

Our organization encourages the participation of volunteers who support our mission. We are dedicated to providing sherpa throw keepsake blankets to palliative care, hospice, skilled nursing facilities and other organizations, patients and their families. The keepsake blanket donation is intended to be a kind, comforting warm gesture and a gentle reminder that Talking Angels cares. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Interests:** Please tell us in which areas you are interested in volunteering:

- Administration
- Events
- Fundraising
- Receiving of Donations
- Blanket Fulfillment & Distribution
- Customer Service

Please circle days available: Mon. Tues. Wed. Thur. Fri. Sat.

Times available: From \_\_\_\_\_ To \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Special Note: Minor Applicants require parental or guardian consent to volunteer and that the information provided by the minor is accurate and complete.

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant or Parent/Guardian

\_\_\_\_\_  
Name and Age of Minor Volunteer

**To submit the completed form:**

- Mail: 12223 Highland Ave., Ste. 106-852, Rancho Cucamonga, CA 91739
- Email: [Info@talkingangels.org](mailto:Info@talkingangels.org)