



**The Women's Center, Inc.
Prospective Volunteer Data**

| For Office Use Only | |
|----------------------------|-------|
| Date Rec'd | _____ |
| Date Background Check | _____ |
| Interview Date | _____ |

Date _____

Last Name _____

First Name _____ M.I. _____

Address _____

City, State, Zip _____

Age _____ Child(ren): ___ Yes ___ No Email: _____

When is the best time to reach you by phone? _____

| |
|----------------------|
| Phone #: Home: _____ |
| Cell: _____ |
| Work: _____ |

Present Employer _____ Phone # _____

Job Title _____ Hours _____

Please list 2 professional references such as employer, teacher, or supervisor. Please do not list close friends or relatives.

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

How did you learn about The Women's Center?

Poster/Flyer _____ Newspaper _____

Television _____ Radio _____

Internet _____ The Women's Center Advocate _____

Other (please specify) _____

Availability

Please indicate the hours that you are able to volunteer.

___ Mondays ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

___ Mornings ___ Afternoons ___ Evenings

Listed below are the volunteer positions. Please check the one(s) that are most interesting to you.

ADVOCATE (DIRECT)

- ___ Community Outreach & Support
- ___ Receptionist
- ___ On Call Advocate
- ___ Gentle Man
- ___ Childcare
- ___ Hotline/shelter

GENERAL (INDIRECT)

- ___ Maintenance/Light Cleaning
- ___ Food Pantry/Donation Sorting
- ___ Fundraising
- ___ General Clerical/Mailings
- ___ Special Events
- ___ Special Projects
- ___ Gardening/Yard Maintenance
- ___ Data Entry
- ___ Baker

I am proficient in the following software:

___ Word ___ Excel ___ Publisher ___ Adobe InDesign ___ PhotoShop ___ Other _____

Education & Personal Background Information

Education (including any degrees earned) _____

Hobbies & Interests _____

List below any skills you have that will be helpful to your volunteer positions. These skills can range from employment and/or volunteer experiences to life experiences you have had. Keep in mind that experience is not necessary to become a volunteer.

How did you decide to become a volunteer at The Women’s Center? _____

Are you multilingual? If so, what language(s)do you speak fluently? _____

Personal Driving Record

Do you have a valid Driver’s License? ___ Yes ___ No

Would you be willing to use your own vehicle for transporting TWC clients? ___ Yes ___ No

Have you ever been convicted of reckless driving, drunken driving, or driving under the influence? ___ Yes ___No If yes, when and where? _____

Do you currently have auto insurance? ___ Yes ___ No (Please note that volunteers who transport clients are required to have proof of insurance on file with The Women’s Center.)

Emergency Information

DOB: _____ Allergies: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

In case of emergency, please list at least two people that someone can contact should the need arise.

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Volunteer Agreement & Release

I certify that the statements herein are correct and true to the best of my knowledge. I understand that, if asked to volunteer, falsified statement(s) on this application shall be considered cause for dismissal.

Confidentiality in all matters relating to clients and various programs is absolutely essential. It is The Women's Center's policy to hold confidential all observations and information made by and between or about The Women's Center's clients and program participants. Also confidential are conversations between co-workers and volunteers. All staff and volunteers of The Center are subject to this policy.

I authorize The Women's Center, Inc., authorized agents or news media to include the following information from me:

- Photographs
- Interviews and quotes

I understand this information may be used for informational and promotional materials and I hereby release The Women's Center from any possible liability resulting from the release of this material.

Signature _____ Date _____

Please return to the Volunteer Coordinator
The Women's Center
505 N. East Avenue
Waukesha, WI 53186
Fax: 262/522-3882

Background Check Policy

In 1998, the Wisconsin Caregiver Background Check Law became effective. This law was implemented as a mechanism to safeguard patients and clients from various types of abuse and/or mistreatment by some caregivers at agencies and institutions defined as caregiving institutions. The law requires criminal background checks of employees and other individuals working with certain care-giving entities or providers. Although The Women's Center is not an entity or provider currently covered by this statute, in recognition of the vulnerability of the clients we serve, we have decided that it is in the best interest of our clients to begin to do a caregiver background check on all of our new volunteers who will have contact with our clients. This procedure is consistent with agency efforts to provide the safest setting possible for our clients, staff and volunteers. No one will be illegally discriminated against because of his or her conviction record. The Women's Center will conduct annual background checks on all direct service volunteers. In order to conduct the caregiver background check, the following information is needed:

Social Security Number: _____ Birth date: _____

To volunteer at The Women's Center, you must not have used services within the past five years. Have you used services in the past five years? ___ Yes ___ No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic offenses? ___ Yes ___ No If yes, explain 1) nature of the crime, 2) date of conviction, and 3) county and state in which convicted.

Do you have any pending criminal charges against you? ___ Yes ___ No
If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

I certify that the statements herein are correct and true to the best of my knowledge. I understand that, as a volunteer, falsified statements on this application shall be considered cause for dismissal.

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Signature _____ Date _____