

## The Women's Center Volunteer Application

For Office Use Only				
Date Rec'd				
Date Background Check				
Interview Date				

Contact Information	
Please print	
Date	Phone:
Last Name	First Name
Address	Email:
City, State, Zip	
Date of Birth:	Preferred Pronoun:
*Must be 18 years or older to volunteer.	
Education & Personal Background	Information
<del>-</del>	enter?
Why are you interested in volunteering at	t The Women's Center?
What is your volunteer experience?	
Are you currently volunteering anywhere	?
Agency:	
Dates:	
Duties:	
Agency Contact	Phone
Present Employer	Phone #
Occupation	

Please list 2 references. Please do not list cle	ose friends or relatives.
Name	Relationship
Address	Phone #
Name	Relationship
Address	Phone #
Education (including any degrees/certifications etc	. earned)
Are you multilingual? If so, what language(s) do you	
Other relevant skills:	oing, professional painting, or anything else you would like us to know.
Personal Driving Record Do you have a valid Driver's License? Yes  To fulfill Wisconsin's car insurance laws, you must !  Liability.  Uninsured motorist.  Underinsured motorist.  Volunteers may periodically be asked to transport	
On Call Advocates may periodically need to transp	
Emergency Information In case of emergency, please list at least two people	that someone can contact should the need arise.
Name:R	telationship:
Cell or Home Phone #:	
Work Phone #:	
Name:R	
Cell or Home Phone #: Won	_
Allergies:	

Availability						
Please indicate th	e times you ar	e available:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Mornings	-	AfternoonsEvenings				
How many hours	per week can	ou commit to volu	nteering here? _			
Listed below are t	he volunteer p	ositions. Please che	eck the one(s) th	at are most in	teresting to you.	
On Call Advocate**Food pantry/donation sorting						
Gentle Man**  —Gardening/landscaping						
Childcare**		Fundraising/special events				
Receptionist*	*	Baker	Baker			
Shelter/Hotli	ne**	Office/clerical/data entry				
providing educat which training you include:	ion on the real ou are intereste	rtunities. Advocate ities of domestic an ed in attending by cl	d sexual violenc	e. Please indic	ate	
April 20, 21 July 20, 21, September						
Volunteer Agre	ement					
		ein are correct and t led statement(s) on				
I also confirm tha the last 5 years.	t I am not and	have not been a clie	ent of The Wom	en's Center at	any time during	
Signature				Date		
The Women's	Center accep	ts volunteer app	lications at a	ny time thro	oughout the year	

The Women's Center accepts volunteer applications at any time throughout the year. The Women's Center reserves the right to make decisions regarding volunteer service on a case by case basis and may also decline a volunteer application or terminate volunteer service with the agency. Completion of this form does not guarantee placement as a volunteer at The Women's Center and volunteer service is at the sole discretion of the agency.

To maintain a safe environment for our clients, employees and volunteers, The Women's Center conducts Caregiver and Criminal background checks. Once you have submitted your completed Volunteer Application, our Volunteer Coordinator will schedule a meeting with you and will provide you with the background check authorization form.

Thank you for your interest in The Women's Center and our mission!