



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

How did you hear about The Women's Center? _____

Why are you interested in volunteering at 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 close 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 speak fluently? _____

Other relevant skills: _____
i.e., Microsoft Office, Adobe Suite, landscaping, professional painting, or anything else you would like us to know.

Personal Driving Record

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

To fulfill Wisconsin's car insurance laws, you must have the following coverage types:

- Liability.
- Uninsured motorist.
- Underinsured motorist.

Volunteers may periodically be asked to transport donations.

On Call Advocates may periodically need to transport a client.

Emergency Information

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

Name: _____ Relationship: _____

Cell or Home Phone #: _____

Work Phone #: _____

Name: _____ Relationship: _____

Cell or Home Phone #: _____ Work Phone #: _____

Allergies: _____

Availability

Please indicate the times you are available:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday

___Mornings ___Afternoons ___Evenings

How many hours per week can you commit to volunteering here? _____

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

- | | |
|------------------------|----------------------------------|
| ___ On Call Advocate** | ___ Food pantry/donation sorting |
| ___ Gentle Man** | ___ Gardening/landscaping |
| ___ Childcare** | ___ Fundraising/special events |
| ___ Receptionist** | ___ Baker |
| ___ Shelter/Hotline** | ___ Office/clerical/data entry |

** Indicates direct service opportunities. Advocate Training required, a four part series providing education on the realities of domestic and sexual violence. Please indicate which training you are interested in attending by checking a box below. Dates for 2019 are to be determined.

Volunteer Agreement

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.

I also confirm that I am not and have not been a client of The Women’s Center at any time during the last 5 years.

Signature _____ Date _____

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!