



# The Women's Center Volunteer Application

<b>For Office Use Only</b>	
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.

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**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.*

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**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: \_\_\_\_\_

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**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!***