

WomenSafe

VOLUNTEER APPLICATION

WOMENSAFE WELCOMES PEOPLE ACROSS THE GENDER SPECTRUM.

Name: _____ Preferred Gender Pronoun: _____

Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s) you can be reached at: _____

Email: _____ Emergency Contact: _____ Phone: _____

Home Address (College Students): _____

Skills/Interests

1. Why are you interested in becoming a volunteer and what benefits you see for yourself in this experience?

2. Do you have any personal or professional experience with dating, domestic or sexual violence that you feel might contribute to your volunteering?

Education background: _____

Current occupation: _____

Hobbies, skills, interests: _____

Previous volunteer experience: _____

Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Hotline (days? Evenings?) | <input type="checkbox"/> Facilitating Workshops |
| <input type="checkbox"/> Staffing Tablings | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Administrative Office Work | <input type="checkbox"/> Court Advocacy |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> No preference |

2. Is there a group with whom you are particularly interested in working? (Check all that apply).

Women Teens Children Agency Staff No Preference Men Other: _____

3. Are there any groups with which you would not feel comfortable working? No Yes

If yes, please explain: _____

Availability (allowing for flexibility)

1. I am most available during: Days Evenings Other Specific times: _____

2. Do you have access to an automobile you can use for volunteer work? Yes No

3. We ask volunteers to commit to work with us for a minimum of 1 year. Is this possible for you?

Yes No If not, what time commitment will be possible for you? _____

Background Verification

- 1. Have you ever been convicted of a criminal offense? Yes No
- 2. Have you ever been charged with child neglect, abuse, or assault? Yes No
- 3. Has your driver's license ever been suspended or revoked in any state? Yes No
- 4. Do you use illegal substances? Yes No

5. Do you have any special circumstances or limitations that we should be aware of? Use the space below to explain, if you'd like:

6. Please list your places of work (paid or unpaid) for the last three years, or attach your resume.

7. Please list two character references. (Please do not list close friends/relatives, if possible).
A reference by an employer or teacher might be very helpful, please include phone numbers.

8. Do you need childcare during the training? Please give ages of children and dates/times when childcare is needed; WomenSafe will do our best to support access to on-site childcare.

9. WomenSafe provides meals during training. Do you have any dietary restrictions that need to be considered?

10. Is there anything else you would like us to know?

WomenSafe provides services to people across the gender spectrum.

Thanks for applying to be a WomenSafe Volunteer!
Please Return By: N/A

Office info: Application received: _____

References checked: #1 _____ #2 _____

Updated: 01/26/17