

WOMEN AND CHILDREN FIRST VOLUNTEER APPLICATION

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell/Pager #: _____

Fax # _____ E-mail Address: _____

Occupation/Place of Employment: _____

Place of Worship: _____

Gender: _____ Age: _____ Ethnicity: _____ Education Level: _____

(Occupation, Place of Worship, Gender, Age, Ethnicity and Education Level are optional. They are used solely for statistical purposes and have no bearing on your acceptance or denial into the WCF Volunteer Program. Your age is required if under 21.)*

PLEASE MARK THE TYPE(S) OF VOLUNTEER SERVICE THAT MOST INTEREST YOU:

Direct Services

_____ Court Assistant _____ Hotline Counselor _____ Child Assistant _____ Mentor

Community Education Services

_____ Fundraising and Special Events _____ Information Fairs _____ Public Speaking

Support Services

_____ Clerical Support _____ Maintenance _____ Other

How many hours a month can you devote to your volunteer job with WCF? _____

When are you most able to volunteer? Morning/Afternoon/Evening/Weekday/Weekend/Varies

How did you learn about WCF? _____

Why are you interested in volunteering with WCF? _____

Please list two personal references not related to you.

Name: _____ Address _____ Phone # _____

Name: _____ Address _____ Phone # _____

In case of emergency, please contact (name and number) _____

I understand that I will be interviewed prior to, and as a condition of, my volunteer work with WCF and that I must attend an initial volunteer training and some volunteer meetings. I also agree to keep the location of the Safehouse, names of clients, records and all files confidential.

Signature _____ Date: _____

_____ office use only _____
application received _____ training received _____ jobs assigned _____
comments _____