



# VOLUNTEER APPLICATION

First and Last Name			
Employer/Affiliation			
Address			
Phone Number		Birthday (mm/dd)	
E-Mail Address			
Emergency Contact		Phone Number	

- Are you 18 years or older?  Yes  No
- How did you hear about the WCA? \_\_\_\_\_
- Mark an X next to the areas you are interested in volunteering with. Please note the training requirements.

<input type="checkbox"/>	Administrative Support	Daytime & Evenings Mon-Fri	3 Hours - Volunteer Orientation
<input type="checkbox"/>	Career Clothing Closet	Daytime Mon-Fri	3 Hours - Volunteer Orientation
<input type="checkbox"/>	Girls Leadership Academy	Afternoon/Evenings	3 Hours - Volunteer Orientation
<input type="checkbox"/>	Support Group Facilitator	Evenings Mon-Thurs	3 Hours - Volunteer Orientation 8 Hours Before Beginning 40 Hours Within 6 Months
<input type="checkbox"/>	24 Hour Hotline	Evenings Mon-Fri & Weekends	3 Hours - Volunteer Orientation 8 Hours Before Beginning 40 Hours Within 6 Months

- I would like to volunteer approximately \_\_\_\_\_ hours per week or \_\_\_\_\_ hours per month.
- Please list any education after high school (including majors or concentrations) and any special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities.
- Please list any foreign languages you know and indicate your proficiency (intermediate, fluent, etc.):
- Have you ever been convicted of a crime? Yes No  
If yes, please provide details on separate sheet.

Please note: we cannot accept applicants who have received services from the WCA within the past 2 years.

- I wish to be considered as a volunteer within the WCA Programs. I understand and authorize the WCA to conduct a background check in connection with this application. Data obtained will be kept confidential.

I will make every effort to attend required training classes and meetings and hereby acknowledge and understand the expectations. If circumstances beyond my control prevent me from attending, I will contact the appropriate Volunteer Coordinator to make alternate arrangements for my absence.

If I do not complete the training, I understand that I am expected to return all training materials promptly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to:

Women's Center for Advancement, Volunteer Coordinator, 222 South 29th Street, Omaha, NE 68131  
Fax: 402-345-0635 or Email application to: [aliaw@wcaomaha.org](mailto:aliaw@wcaomaha.org)