WOMEN'S CENTER FOR ADVANCEMENT
Stay safe, grow strong

VOLUNTEER APPLICATION

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

1. Are you 18 years or older? Yes No

2. How did you hear about the WCA? _____

3. Mark an X next to the areas you are interested in volunteering with. *Please note the training requirements.*

	Administrative Support	Daytime & Evenings Mon-Fri	3 Hours - Volunteer Orientation
	Career Clothing Closet	Daytime Mon-Fri	3 Hours - Volunteer Orientation
	Girls Leadership Academy	Afternoon/Evenings	3 Hours - Volunteer Orientation
	24 Hour Hotline	Evenings Mon-Fri & Weekends	3 Hours - Volunteer Orientation 8 Hours Before Beginning 40 Hours Within 1 Year

4. I would like to volunteer approximately _____ hours per week or _____ hours per month.

5. Please list any special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities.

6. Please list any foreign languages you know and indicate your proficiency (intermediate, fluent, etc.):

7. 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.

8. 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.

_____

Signature Date

Return completed form to: Women's Center for Advancement | Volunteer Coordinator | 222 South 29th Street | Omaha, NE 68131
Fax: 402-345-0635 | Email application to: JacquieG@wcaomaha.org