



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 know there are unique training requirements for each area.*

	Areas to Volunteer	Times Available
<input type="checkbox"/>	Administrative support	Daytime & evenings Mon-Fri
<input type="checkbox"/>	WCA Boutique	Daytime Mon-Fri & evenings Mon- Thurs
<input type="checkbox"/>	Girls Leadership Academy	Afternoon/evenings
<input type="checkbox"/>	24-hour hotline	Evenings Mon-Fri & weekends

- I would like to volunteer approximately _____ hours per week or _____ hours per month.
- Please list 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.

Signature

Date