

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. Check the boxes next to the areas you are	e interested in volunteering
* Please know there are unique training requirements for each area.	
Areas to Volunteer	Times Available
Administrative Support	Daytime & evenings Mon-Fri
WCA Boutique	Daytime Mon-Fri & evenings Mon-Thurs
Community Events	Afternoon/evenings
	Evenings Mon-Fri & weekends
4. I would like to volunteer approximately	hours per week 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)	
7. Have you ever been convicted of a crime? Yes No	
If yes, please provide details on a 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