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| **Women In Need****Volunteer Program Application** |
|  |  |  |  |  |  |
| **Contact Information** |
| Name: |       | Date of Birth: |       |  |
| Address: |       | City: |       | State/Zip: |       |
| Cell Phone: |       | Other Phone: |       |  |  |
| Best way to contact you: | [ ]  Phone | [ ]  Email: |       |
|  |  |  |  |  |  |
| **Background** |
| Education: |  |  | [ ]  Some High School | [ ]  High School Diploma/GED |  |  |
| (check highest completed) |  | [ ]  Some College | [ ]  Assoc. Degree | [ ]  Bachelors | [ ]  Masters |
|  |  |  |  |  |  |
| Name of School/College: |       |  |
| Area of Study: |       |  |  |
|  |  |  |  |  |
| Are you currently employed?: | [ ]  Full-Time | [ ]  Part-Time | [ ]  Student | [ ]  Not Employed |
|  |  |  |  |  |
| Employer name: |       | Supervisor name: |       |
| Job Title: |       |  |  |  |
| Job Duties: |       |
|  |  |  |  |  |
| Special skills, training, interests or hobbies: |  |  |  |
|       |
|  |  |  |  |  |
| Please list any current or previous volunteer or internship experience: |  |
|       |
|  |  |  |  |  |
| **Volunteering Interest** |
| Please indicate which areas you are interested in providing assistance:(check all that apply) |  |
| [ ]  24-Hotline | [ ]  Shelter | [ ]  Education | [ ]  Support Groups | [ ]  Legal Advocacy |
| [ ]  Fundraising/Events | [ ]  Admin. Work | [ ]  Other: |       |  |
|  |  |  |  |  |
| What times during the week are you available?:(check all that apply) |  |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Holidays** |
| [ ]  Days | [ ]  Days | [ ]  Days | [ ]  Days | [ ]  Days | [ ]  Days | [ ]  Days | [ ]  Days |
| [ ]  Nights | [ ]  Nights | [ ]  Nights | [ ]  Nights | [ ]  Nights | [ ]  Nights | [ ]  Nights | [ ]  Nights |
|  |  |  |  |  |
| **Other Information** |
| Do you have a valid Driver’s License? | [ ]  Yes | [ ]  No |  |
| Do you have reliable transportation? | [ ]  Yes | [ ]  No |  |
| Do you have current auto insurance? | [ ]  Yes | [ ]  No |  |
| Have you ever worked for WIN? | [ ]  Yes | [ ]  No | If yes, dates of employment: |
|  |  |       |  |
| Have you ever used WIN’s services? | [ ]  Yes | [ ]  No | If yes, when?: |       |
| Have you ever been convicted of a felony? | [ ]  Yes | [ ]  No |  |  |
| If yes, please explain: |       |
|  |  |  |  |  |
| Do you speak other languages? | [ ]  No | [ ]  Yes: |       |  |
| What qualities will you bring to the WIN Volunteer Program? |
|       |
|  |  |  |  |  |
| If you or a family member has been a victim of domestic or sexual violence and you wish to disclose, please briefly explain: |
|       |
|  |  |  |  |  |
| How did you hear about the Volunteer Program? |
|       |
|  |  |  |  |  |
| **Thank you for your interest in the Women In Need Volunteer Program!**Two letters of reference will be requested during the interview process.Prior to the Counselor/Advocate training, all applicants must supply a copy of their valid driver’s license, auto insurance, as well as, copies of their PA Criminal Clearance and Child Abuse Clearance and/or FBI Clearance.  |
|  |  |  |  |  |
| I certify that the information provided above is true and correct and I give my permission to WIN to verify any of the information I have given. |
|  |  |  |  |  |
| Signature: |       |  |  |  |
| Date: |       |  |  |  |
|  |  |  |  |  |
| **Please email, fax, or drop off the completed application to:** |
| Women In Need1280 Progress RoadChambersburg, PA 17201Fax: 717.264.3168Email: preventioned@winservices.org |