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| **Women In Need**  **Volunteer Program Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | |  | | | | | | | | |  | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | State/Zip: | | | | | | | | |  | | | |
| Cell Phone: | | | |  | | | | | | | | | Other Phone: | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | |
| Best way to contact you: | | | | | | | | | | | | Phone | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
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| Are you currently employed?: | | | | | | | | | | | | | Full-Time | | | | | | | | | Part-Time | | | | | | | | | | Student | | | | | | | Not Employed | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
| Employer name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor name: | | | | | | | | |  | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
| Job Duties: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special skills, training, interests or hobbies: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
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| Please list any current or previous volunteer or internship experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **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: | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
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| 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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you speak other languages? | | | | | | | | | | | | | | No | | | | | | | Yes: | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| What qualities will you bring to the WIN Volunteer Program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you or a family member has been a victim of domestic or sexual violence and you wish to disclose, please briefly explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How did you hear about the Volunteer Program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |
| Date: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |
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| **Please email, fax, or drop off the completed application to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women In Need  1280 Progress Road  Chambersburg, PA 17201  Fax: 717.264.3168  Email: preventioned@winservices.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |