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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: |       |
|  |  |  |  |  |  |
| **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 check all areas in which you are interested in providing assistance: |  |
| [ ]  **24-Hotline** – answering crisis calls, providing info. & resources, accompanying victims at the hospital |  | [ ]  **Shelter** - assisting shelter residents & helping with general duties like cleaning or organizing donations |
| [ ]  **Education** - providing prevention programs in K-12 settings & community presentations about WIN services |  | [ ]  **Fundraising/Events** – assisting with soliciting donors and sponsors for events and serving on event committees |
| [ ]  **Professional Service** – providing a service to clients, including massages, yoga classes, or resume building workshop |  | [ ]  **Childcare** – providing childcare to clients during appointments or at court |
| [ ]  **Admin. Work** – assisting with filing, answering the door, & other administrative work |  | [ ]  **General Duties** – assisting with grocery shopping, maintenance, cleaning, etc. |
| [ ]  **Other:** |       |
|  |  |
| How many hours per month are you looking to volunteer?: |  |
|  |  |  |  |  |
| **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? |
|       |
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| **Thank you for your interest in the Women In Need Volunteer Program!**Prior to 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.  |
|  |  |  |  |  |
| 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: kristyt@winservices.org |