



women's resource center
of the New River Valley

VOLUNTEER APPLICATION

Name _____
First Middle Last

Date of Birth _____

Local Address _____
No. & Street City State Zip

Permanent Address _____
No. & Street City State Zip

Home Phone _____ Cell Phone _____

E-mail Address _____

Occupation and Job-Related Skills _____

Employer and/or School Year _____

Educational Background _____

Other Training You've Had _____

Other Volunteer Experience _____

Business Address _____
No. & Street City State Zip

Business Phone _____ Is it OK to contact you at work? _____

Business Hours _____ How long employed? _____

Do you own a reliable car? _____ If yes, do you have insurance? _____

Hobbies, Clubs, Areas of Interest _____

What would you like to do at the Center? _____

Time you'd be available to volunteer _____

Training you feel you need _____

How did you hear about the WRC and the volunteer training? _____

Do you sincerely feel you can meet the minimum standard of spending at least 8 hours per month volunteering? Yes _____ No _____ Do you sincerely feel that you will be able to remain in the program for at least one year? Yes _____ No _____

Do you authorize the agency to check with appropriate public authorities (e.g. police, courts, motor vehicle department, etc.) for matters of public record regarding your background of history? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____
If yes, what crime(s) have you been convicted of? _____

Reference:

Please list the names and addresses of three (3) persons who can vouch for your character and who have known you for at least one (1) year (including employer). Please do not use relatives. Please type or print.

1. Name _____
Relationship to you _____ How long known _____
Address _____
City, State, Zip _____ Phone _____

2. Name _____
Relationship to you _____ How long known _____
Address _____
City, State, Zip _____ Phone _____

3. Name _____
Relationship to you _____ How long known _____
Address _____
City, State, Zip _____ Phone _____

*Have you ever applied to become a WRC volunteer before? Yes _____ No _____ If yes, for what position? _____ When? _____

VOLUNTEERS

PERMISSION FOR RELEASE OF INFORMATION
VOLUNTEER REFERENCE CHECKS

I, _____, do hereby grant permission for the below named
(volunteer candidate)

individuals and/or agencies to release information to the Women's Resource Center concerning my character, employment, performance, skills, competence, and/or general ability.

It is understood that this permission includes cumulative and confidential information which would assist the Women's Resource Center in filling volunteer positions.

Name	Address	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature _____

Date _____

VOLUNTEER POLICY

The Women's Resource Center is an agency designed to provide resources and services to women in crisis; particularly, victims of domestic violence and sexual assault. In determining whether an applicant may be considered to fill a volunteer position, due consideration must be given to those past and present factors in the health, personality, and behavior of each individual which professional agency personnel deem, under any circumstances, may have a significant effect upon volunteer's performance within our agency and which, if revealed at a later date, may affect the agency and/or its clients adversely.

The undersigned acknowledges and agrees that (1) he/she is not obligated, if called upon, to perform volunteer services herein applied for and that the agency is not obligated to assign or actively seek to assign him/her with a volunteer position and (2) as part of the agency's screening process, additional personal information will be elicited from the applicant by professional agency personnel.

Signature _____ Date _____

Printed Name of Applicant _____