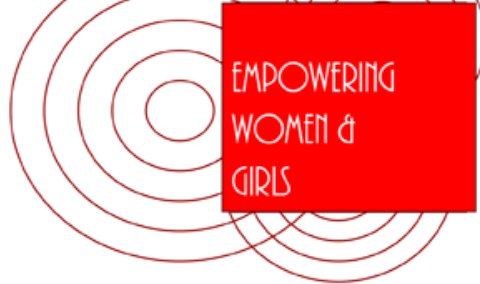


# NEIGHBORHOOD WOMEN'S COLLECTIVE, INC



## VOLUNTEER APPLICATION

### CONTACT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Other Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Relationship \_\_\_\_\_

### INTEREST

How did you hear about our Volunteer Program? \_\_\_\_\_

## EMPLOYMENT

PLEASE ATTACH MOST RECENT RESUME

If currently employed, name of employer \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Schedule: (Please list days and hours worked)

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## EDUCATION

(please check one box)

Less than high school  High School  GED/Equivalency  Some College

Associate Degree  Bachelor's Degree  Master's Degree

Professional Degree (PhD; MD; Law)

Are you currently enrolled in school? Yes  No

If YES, name of institution: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Is English your primary language? Yes  No

If NO, what is your primary language? \_\_\_\_\_

Are you fluent in any other languages? Yes  No

If YES, please specify: \_\_\_\_\_

## BASIC INFORMATION

Briefly explain, why do you want to become a volunteer? \_\_\_\_\_

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For legal purposes, NEIGHBORHOOD WOMEN'S COLLECTIVE, INC. must have the following information on file:

Have you ever been convicted of a crime(s) in this state? Yes  No

Have you ever been convicted of a crime(s) elsewhere? Yes  No

Have you any charges currently pending anywhere (other than a traffic violation)?

Yes  No

If YES to any of these questions, please explain. \_\_\_\_\_

\_\_\_\_\_

## INTERESTS

Tell us in which areas you are interested in volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer/mentoring work, or through other activities, including hobbies or sports.

\_\_\_\_\_

\_\_\_\_\_

## PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

## AVAILABILITY

During which hours are you available for volunteering?

Weekday mornings  Weekend mornings

Weekday afternoons  Weekend afternoons

Weekday evenings  Weekend evenings

## REFERENCES

Please list three (3) references who can serve as a character reference.

**YOU MUST INCLUDE YOUR JOB SUPERVISOR OR ACADEMIC ADVISOR. YOU MAY NOT USE RELATIVES OR SIGNIFICANT OTHERS.**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By submitting this application, I understand and agree that this application does not obligate me to become a volunteer. This application does not obligate Neighborhood Women's Collective, Inc. to interview, assign or actively seek to a volunteer position for me. As a part of Neighborhood Women's Collective, Inc. application process, professional Neighborhood Women's Collective, Inc. personnel will obtain additional personal information from me. It is my responsibility to ensure that Neighborhood Women's Collective, Inc. receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program. As part of Neighborhood Women's Collective, Inc.'s application and interview process, I am aware that Neighborhood Women's Collective, Inc. staff are by law MANDATED REPORTERS and are required to report any "suspicion" of abuse or negligence to the proper authorities.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email completed application to: [Neighborhoodwomenscollective@gmail.org](mailto:Neighborhoodwomenscollective@gmail.org)