

Women's Centers International (WCI)  
**VOLUNTEER APPLICATION**

**Return by Email to**  
Susan@WomensCentersIntl.org

Application Date

First Name  Middle Name  Last Name

Address

City  State  Zip Code  Country

Home Phone  Work Phone  Email

1. Have you been convicted of a felony within the past five years?  Yes  No

2. If yes, please explain

3. Are you a student?  Yes  No Date of Birth

4. What 's your education background?

5. Have you done volunteer work at another nonprofit?  Yes  No

6. If yes, where and what did you do?

7. What type of work would you like to do here?

8. List any hobbies or interests.

9. Where did you hear about our Agency?

10. When are you available to volunteer and for how long?

Time of day  Day of week  Times per week

11. If you have a disability, what accommodation would you need to do this volunteer position?

12. What training, resources or support do you anticipate needing to do this volunteer work?

13. Please provide 3 personal or professional references. ( Name; phone number; personal or professional relationship )

Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>

I hereby attest that the above information is true to the best of my knowledge.

Signature/date

\*\* For Internal Use: to be completed if candidate begins work \*\*

In case of emergency, please contact:

Name  Phone

Medical information we should be aware of in an emergency ( **allergies, special medications, &/or conditions** )