



The door to a future free from violence.



405 County Street
New Bedford, MA 02740

Satellite Office:
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Fall River, MA 02720

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FAX: (508) 999-7139

www.thewomenscentersc.com

24-Hour HOTLINE: (508) 999-6636
TTY: (508) 996-1177

VOLUNTEER APPLICATION

Date of Application _____

Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Home Phone: _____ Times to Call: _____

Cell Phone: _____ Times to Call: _____

Work Phone: _____ Times to Call: _____

Email: _____

EDUCATION

What is your educational background (please include diplomas, degrees, and professional courses)? _____

Are you currently in school? YES _____ NO _____

If YES, how many hours per week? _____

WORK EXPERIENCE

Are you presently employed? YES _____ NO _____

If YES, what is your occupation? _____

Length of employment? _____

What are your work hours? _____

Please list positions you have held within the past 3-5 years of your work experience:

AVAILABILITY

What days and times of the week are you available to volunteer?

Weekdays? _____

Weeknights? _____

Weekends? _____

Do you have a valid driver's license? YES _____ NO _____

Do you have access to a car? YES _____ NO _____

VOLUNTEER EXPERIENCE

How did you learn about the volunteer program at The Women's Center?

Why do you wish to volunteer at this time? _____

Do you have any previous work or volunteer experiences that relate to working with the public (include organization and type of work)? _____

PERSONAL EXPERIENCE

Are you fluent in any other language besides English? YES _____ NO _____

If YES, which? _____

Do you possess any relevant life experiences dealing with Domestic Violence or Sexual Assault (self, friend, family member, etc.)? _____

Do you have any special talents, knowledge, resources, and/or skills that you would like to share with us in a volunteer capacity? _____

Are there any circumstances that might interfere with your volunteer work at The Women's Center? _____

Is there anything else that you would like to share about yourself? _____

AREA OF INTEREST

What areas are you interested in donating your time to (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Support Group Co-Facilitator* | <input type="checkbox"/> Front Office Help |
| <input type="checkbox"/> Education Outreach** | <input type="checkbox"/> Fundraising & Development |
| | <input type="checkbox"/> Newsletter |

* Requires attendance and completion of the Volunteer Training Course

** Requires some additional training and the Volunteer Training Course

Please return this application promptly so that a personal interview can be arranged. All candidates will be asked to give permission for a criminal record check (CORI) as a necessary prerequisite. Volunteer Training will also be discussed during the interview. Questions, concerns and comments can be brought to the attention of:

Rebecca Arruda, **Volunteer/Education Outreach Coordinator**
(508) 996-3343 ext. 16

Signature: _____ Date: _____