



Volunteer Application

(Please Print)

Name: _____ Date: _____

Full DOB (MM/DD/YY): _____

Drivers's License Number: _____ State of Issue: _____

Second Language (If any): _____

Address: _____

City: _____ FL Zip: _____

Phone # (Home): _____ (Cell): _____

(Work): _____ Email: _____

Emergency Contact and Relation: _____ Phone: _____

I BACKGROUND (please attach resume)

Educational Background: _____

Are you currently employed? If yes, place of employment and job title? _____

Previous Employment/Volunteer Experience or Skills: _____

Are you or have you been a client at the Women's Center within the last year? Yes/No

II AVAILABILITY

At what times are you interested in volunteering? Typical hours of operation are M-F 9:00 am-4:00 pm, SAVS (Sexual Assault Victim Services) Victim Advocate shifts are 7:00 am-7:00 pm and 7:00 pm-7:00 am (7 days a week)

Weekdays/AM Weekdays/PM Any Day Weekends Events Only

Hours available: _____

I am only available on (list days) _____

III CRIMINAL BACKGROUND RELEASE

Have you even been arrested for a violation of the law (felony or misdemeanor)? If yes, please explain:

I understand that a criminal background must be completed and passed before being accepted as a volunteer and that said information will be kept confidential.

Applicant Signature: _____ Date: _____



1. How did you hear about the Women's Center?
2. Why do you want to volunteer at the Women's Center?
3. Please list your areas of interest: Administrative, Fund Raising, Event Planning, Sexual Assault Victim Advocate, Domestic Violence Advocate, Community Outreach, Retail Thrift Store
4. What skills and personal attributes do you have that you could contribute to the Women's Center? (Such as Graphic Design, Web Design, Writing, Advocacy, Training, Event Planning, etc.)
5. What do you hope to gain from your volunteer experience?
6. Please list any relevant experience, work, or coursework (paid/unpaid)?
7. Do you have a car available for reliable transportation?



Confidentiality Agreement

I agree to protect the confidentiality of Women's Center clients, volunteers and employees. Information given to me by a client, volunteer or staff member will not be given to any agency or person without the expressed written consent of the person or guardian of the person to which the information pertains. Where it is deemed necessary to give an agency, client or other person the name of any Women's Center volunteer, I agree to use the first name only. The release of phone numbers or pager numbers should be cleared by the owner of such numbers or the Center Coordinator. General policy is to take a name and phone number and give the message to the intended recipient. I also agree to respect the confidentiality of any agency and its clients I may be working with and agree to follow their established policy and procedures. I agree to abide by all written and oral policies established by the Women's Center.

Signature

Date

Signature of Parent/Guardian if under 18

Date

I hereby certify that to the best of knowledge, all information provided in this application is true and accurate.

(Signature of Applicant)

(Date)

Please return application or direct any questions to:

The Women's Center
1565 Sarno Road
Melbourne, FL 32935
Tel: 321-242-3110
Fax: 321-622-6412

Or

The Women's Center
400 Julia Street
Titusville, FL 32796
Tel: 321-607-6811
Fax: 321-607-691