
Volunteer Application Form

Date of Application: _____

Name:

first

initial

last

Address:

number

street

Apt No., Unit No., P.O Box

City/Town

Postal Code:

Are you a student? _____

School: _____

Are you currently employed? _____

Occupation: _____

Home #: _____

Area of Study: _____

Cell #: _____ Email: _____

Position Applying For: *(Check the applicable circle)*

- Research & Development volunteer
- Admin Assistant
- Fundraising Event Volunteer
- Voices 4Ability Volunteer
- Receptions
- Volunteer Executive Director
- Grant/Writing/Fundraising and Marketing
- Volunteer HR manager
- Volunteer for Technology
-

Number of Hours Available to Volunteer Each Week:

- 1-5
- 5-10
- 10-15

Please list the time frames you are available to volunteer after school or on weekends.

- **Monday:** Start _____ End _____ ○ **Friday**
Start _____ End _____
- **Tuesday** Start _____ End _____ ○ **Saturday**
Start _____ End _____
- **Wednesday** Start _____ End _____ ○ **Sunday**
Start _____ End _____
- **Thursday** Start _____ End _____

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i> <i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

List Your Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i> <i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Why do you want to serve in this position? How do you hope to benefit?

Describe your favorite Volunteer or Work Experience:

List the Qualifications and Skills that you bring to this Position:

Employment History

Name of current employer _____

Phone() _____

Address: _____ Date Employment Began _____

Name of Supervisor: _____ Job title: _____

May we contact employer? Yes _____ No _____

Description of duties _____

Does your employer have a community partnership? _____

References (Personal or professional; not a relative)



Helping women succeed and soar in their many responsibilities to themselves, their families and communities.

Name: _____ Relationship _____ Phone () _____

Address: _____

Name: _____ Relationship _____ Phone () _____

Address: _____

Name: _____ Relationship _____ Phone () _____

Address: _____

Criminal History

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes _____ No _____. If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstance, seriousness and relationship to volunteer responsibilities. Some volunteer position may require a background check. If you are selected for one of those assignment, you will be provided with a separate criminal background check authorization form.

My signature below certifies that all statement made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statement is subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer service being denied. Furthermore, my signature below provides my authorization to Women of Color On the Move to conduct driver license and motor vehicle record check as needed, as well as reference checks to determine my suitability for placement>

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant

Date

Parental Consent (to be completed if applicant is under 18 years of age)

www.thewomenofcoloronthemove.org



Helping women succeed and soar in their many responsibilities to themselves, their families and communities.

I **give my consent for my child, name on the above page of this application, to provide job service or volunteer service to Women of Color on the Move. I also give Women of Color On the Move my consent to obtain any emergency medical treatment necessary for the safety of my child.**

Signature of Parent/Guardian _____

Date: _____

Printed name of
Parent/Guardian _____

Women of Color on the Move acknowledges that equal opportunity for all persons is fundamental human value. Each volunteer application will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex or marital status.

Please scan and send back to contact@womenofcoloronthemove.org thank you