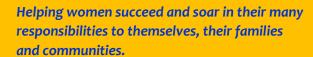


o **10-15** 

## **Volunteer Application Form**

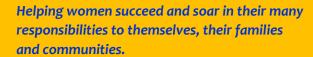
Date of Application:					
Name:					
	first	initial	last		
Address:					
	number	street		Apt No., Unit No., P.O Box	
	City/Town			Postal Code:	
Are you a	student?		School:		
Are you cur	rently employed?	Occupa	ntion:		
Home #:		Area o	f Study:		
Cell #:		Email:			
<ul> <li>Research</li> <li>Admin A</li> <li>Fundrais</li> <li>Voices 4/</li> <li>Receptio</li> <li>Voluntee</li> <li>Grant/W</li> <li>Voluntee</li> </ul>	n & Development v ssistant ing Event Volunted Ability Volunteer	er or	·)		
O Number of	Hours Available to	o Volunteer Each We	ack:		
<ul><li>1-5</li></ul>	riours Available to	o volunteer Lacii vve	cen.		
o 5-10					





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

0	Monday:	Start	End	oFriday	
	Start	End			
0	Tuesday	Start	End		
	Start	End			
0	Wednesda	ı <b>y</b> Start	End	OSunday	
	Start	End	End		
0	inursday	Start	Ena		
Lis	st Any Prev	ious or Curre	nt Volunteer Expe	rience:	
Or	ganization		Position/N	Major Responsibility	Dates of service (yy/mm) From: To:
1_					
2_					
3_					
4					
	st Your Emp	oloyment/Tra	aining Background:  Position/N	Major Responsibility	
1_					From: To:
2_					
3_					
4_					
W	hy do you	want to serv	e in this position?	How do you hope to b	enefit?





Describe your favorite Volunteer or Work Exp	perience:
List the Qualifications and Skills that you brin	g to this Position:
List the Qualifications and state you state	6 to this resident
Employment History	
Name of current employer	<del>-</del>
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 partr	nership?

References (Personal or professional; not a relative)

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Name:	Relationship	Phone (	
Address:			
		Phone ( )	
Address:			
Name:	_ Relationship	Phone ( )	
Address:			
Criminal History	y		
charges pending against below. (Note: Answering but will be considered w responsibilities. Some v	you? YesN g yes will not automatically provith respect to time, circumsta olunteer position may require	elony, or are any misdemeanor or fel to If yes, please ex- rohibit individuals from becoming vo- nce, seriousness and relationship to e a background check. If you are sele- separate criminal background check	xplain olunteers, volunteer ected for
the best of my knowledge that falsification on this a service being denied. Fur	e and belief. I understand these pplication can disqualify me fro thermore, my signature below p er license and motor vehicle rec	this application are true, complete and statement is subject to verification. I om consideration or result in my volunt provides my authorization to Women of cord check as needed, as well as referen	understand teer f Color On
I hereby release all parties	s from any liability for furnishir	ng this information.	
Signature of Applicant		Date	



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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 <a href="mailto:contact@womenofcoloronthemove.org">contact@womenofcoloronthemove.org</a> thank you