

Women's Center of Greater Danbury
VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ Town: _____ Zip: _____

Phone: (Home) _____ Do you have Anonymous Call Rejection? Y N
(Work) _____ Permissible to call you at work? ____
(Emerg. Contact) _____

Beeper/cell phone: _____ E-mail address: _____
Employer: _____ Town: _____

Thank you for your interest in volunteering at the Women's Center. Please complete this form and return to: Chrissy Deep Volunteer Coordinator, Women's Center of Greater Danbury, 2 West Street, Danbury, CT 06810 (fax: 203-731-5207). Please attach a resume if possible. You will be contacted to schedule an interview or you may call 731-5200 (x202) to schedule an interview.

1. Are you a member of the Women's Center? Yes _____ No _____

* Volunteers are awarded a six-month honorary membership upon certification. If you are currently a member, your membership will automatically be extended six months.

2. How did you learn about the Women's Center? _____

3. Please list volunteer experience: _____

4. Please list skills, interests, hobbies: _____

5. Please include relevant education and employment experience: _____

6. If you speak a foreign language: Language and level of fluency: _____
Do you know American Sign Language? _____ Level of proficiency: _____

OVER

7. Please list two references (at least one should not be a relative):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

8. Although our volunteers are trained in both sexual assault and domestic violence, please indicate in order of preference ("1" being the most agreeable) where you would like to volunteer. At the conclusion of training, you will have the opportunity to complete a much more detailed interest survey, so this survey gives a general indication of your interests. It is not a commitment:

Sexual Assault Hotline _____

Peer Counselor _____

Court Advocate _____

Community Educator _____

Other (please explain): _____

Domestic Violence Hotline _____

Support Group Facilitator _____

Shelter Advocate _____

Helpline (weekday position) _____

Use this space to add any additional information that will help us to make a compatible match of your strengths and our needs:

NOTE: Volunteers working with children or in our shelter are required to have a background check completed. This will be done after certification and prior to actual placement in such position.

In the future, may we publish your name in local newspapers as volunteering for the Women's Center?
Yes / No

(For office use)

Date application received: _____

Date of interview: _____

Initial placement / training: _____