



*WOMEN AND
CHILDREN UNITED
AGAINST VIOLENCE*

Youngstown, Ohio 44510

VOLUNTEER APPLICATION

PERSONAL INFORMATION:	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	() - CELL PHONE: () -
EMAIL:	
BIRTHDATE:	
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION/TITLE:	
WORK PHONE:	() -
EDUCATION:	
EDUCATION LEVEL:	HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4
In case of an emergency, who should we contact? Name Phone ()	
PHYSICAL LIMITATIONS:	<input type="checkbox"/> NO <input type="checkbox"/> YES (if yes please explain):
LIST 3 REFERENCES:	
Name:	Day Phone: Relationship to you:
1)	
2)	
3)	
TELL US ABOUT YOU:	
How would you rate your social skills?	1- Not Social 2-Somewhat Social 3- Mostly Social 4-Highly Social
How would you describe your personality type as?	<input type="checkbox"/> Outspoken <input type="checkbox"/> Soft-Spoken
Describe a scenario where you've utilized your social skills:	

List 3 special skills you possess:	
VOLUNTEER AVAILABILITY:	
Our Organization has 3 programs available, would you be willing to teach a class on a particular subject or topic:	Personality Identification <input type="checkbox"/> NO <input type="checkbox"/> YES Formal Healing <input type="checkbox"/> NO <input type="checkbox"/> YES Cyber-Violence <input type="checkbox"/> NO <input type="checkbox"/> YES
Can you work with a small group of students?	<input type="checkbox"/> NO <input type="checkbox"/> YES
What age groups are you interested in teaching?	<input type="checkbox"/> No Preference <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School (10 yrs.-11 yrs.) (12 yrs.-14 yrs.) (15 yrs.-17 yrs.)
What area are you interested in volunteering:	<input type="checkbox"/> Office/ Administrative Work <input type="checkbox"/> Grant Research/ Writing <input type="checkbox"/> Event Planning <input type="checkbox"/> Special Events <input type="checkbox"/> Flyers/ Brochures <input type="checkbox"/> Expertise <input type="checkbox"/> Other:
How many volunteer hours or service hours are you required to perform?	_____ (total hours)
What is the name of the program? And location?	
Have you ever volunteered before?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Please list previous experience:	
How many hours per week are you interested in volunteering:	_____ (hours) Duration: From (Start Date): _____ to (End Date): _____ <i>(Note: you do not need an end date, it could be indefinitely and or it could be left blank).</i>
What date are you interest in starting:	/ /
What days and times are you interest in volunteering:	Day: Mon Wed. Thurs. Fri. Sat. Morning: _____ Afternoon; _____ Evening: _____ (check all that apply)

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed, or national origin.

(Signature of Volunteer) (Date) (Signature of Staff) (Date)

Please send application to:
Women and Children United Against Violence, Inc.
Youngstown, Oh 44510

info@womenandchildrenunitedagainstviolence.org

<i>For Internal Use Only:</i> Received on: _____ Reviewed by: _____ Date: _____ Assigned to: _____ Entered on to the Database on: _____ Included on the Volunteer list: _____ Comments: _____ Background check results: _____ Volunteer Duration: From (Start Date): _____ to (End Date): _____ _____
