

# VOLUNTEER APPLICATION WOMEN'S CENTER

(Please print plainly)

## PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
           Last            First            Middle

Present Address: \_\_\_\_\_  
                           No.            Street                            City            State            Zip

Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Volunteer Position (s) applied for \_\_\_\_\_

Have you previously worked or volunteered at the Women's Center? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What date are you available to begin volunteering? \_\_\_\_\_

## VOLUNTEER EXPERIENCE

List below present and past volunteer experience, beginning with your most recent) use supplemental sheets if necessary).

Name and address of Company	From Mo/Yr	To Mo/Yr	Reason for Leaving	Name of Supervisor
Telephone:				
Describe the work you did:				
What did you like most about your experience?				
What did you find most challenging?				
What did you like least about your experience?				

Name and address of Company	From Mo/Yr	To Mo/Yr	Reason for Leaving	Name of Supervisor
Telephone:				
Describe the work you did:				
What did you like most about your experience?				
What did you find most challenging?				
What did you like least about your experience?				

## EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate	List Diploma or Degree
High School			1 2 3 4	Yes/No	
College			1 2 3 4	Yes/No	
Graduate School			1 2 3 4	Yes/No	

## ACTIVITIES

Membership in professional or volunteer-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability or other protected status).

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## OTHER

Have you ever been convicted of a crime other than minor traffic violations? \_\_\_\_\_

If yes, please explain:

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## PERSONAL REFERENCES (Not Relatives)

Name	Address	Phone Number

## PLEASE READ AND SIGN BELOW

The facts set forth in my application are true and complete. You are hereby authorized to make any investigation of my personal, employment, educational and criminal history.

**I hereby authorize the Women's Center to investigate any/all statements made by me in this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please mail or bring to: Women's Center, 1310 S. Front St, Marquette, MI 49855 Ph: #906-226-6611*