



*Women's Resource Center*  
 “The Connection”  
**Volunteer Application**

**Personal Information**

<b>Last Name</b>	<b>First Name</b>	<b>E-mail</b>
<b>Address</b>	<b>City</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>Age</b>	<b>Birthday</b>	<b>Today's Date</b>

**Availability**

How many hours per week/month would you like to volunteer? \_\_\_\_\_  
 Please check the boxes below to indicate what days and times are generally best for you.

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Circle Your Area(s) of Interest**

- Front Desk Client Assistance
- Administrative Assistance
- 30<sup>th</sup> Anniversary Events

Which office are you available to volunteer in?

- Fort Collins     Loveland     Both

Are you available to volunteer on a regular basis?

- Yes     No

Are you bilingual? If so, in what language?

Would you be willing to use your car as part of your volunteering?

- Yes     No

Do you have any needs that require special accommodations?



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How did you learn about the Women's Resource Center?

Why is it important to you to volunteer for the Women's Resource Center?

What do you feel are your greatest assets?

What are your personal goals for the next five years?

In what areas do you wish to gain more experience and how can the Women's Resource Center help?

Volunteers are vital to our organization. If chosen as a volunteer for the Women's Resource Center are you willing to make a strong commitment to dedicated volunteering? Please explain.



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**Experience: Please check all that apply**

- **Client Relations**
  - Telephone
  - Reception/Greeting
  - Community Resources and Referrals
- **Administrative/Clerical**
  - Filing
  - Mass Mailings
  - Word Processing
  - Excel
  - Access
  - Publisher
  - Internet
  - Other
- **Publicity**
  - Fundraising
  - Graphic Design
  - Event Coordination
  - Photography
  - Public Relations
  - Public Awareness
- **Handiwork**
  - Painting
  - Carpentry
  - General Repairs
  - Electrical
  - Other

**Please respond below based on your interest level with each of the following:**

	<b>Very Interested</b>	<b>Generally Interested</b>	<b>Somewhat Interested</b>	<b>Not Interested</b>
<b>Referring &amp; Scheduling Clients</b>				
<b>Daily Visitor Relations</b>				
<b>Long-Term Volunteering</b>				
<b>Special Events</b>				
<b>Clerical Duties</b>				
<b>Translation</b>				
<b>Transporting Clients</b>				
<b>Data Entry</b>				
<b>Research</b>				



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**Please respond below based on your comfort level with each of the following:**

	<b>Very Comfortable</b>	<b>Generally Comfortable</b>	<b>Somewhat Comfortable</b>	<b>Not Comfortable</b>
<b>New Situations</b>				
<b>Diversity</b>				
<b>Team Atmosphere</b>				
<b>Answering Phones</b>				
<b>Answering Questions</b>				
<b>Asking Questions</b>				
<b>Leadership</b>				
<b>Communicating with WRC Staff and Volunteers</b>				
<b>Responding to Crisis</b>				
<b>Finding and Using Resources</b>				

For Office Use Only

Date Interviewed:  
 Staff:  
 Placement:

FC LV Both  
 Statement of Confidentiality Signed/Received:  
 Liability/Publicity Release Form Signed/Received:  
 Copy of Driver's License and Insurance Form (if applicable):  
 Orientation Training Completed: