***PLEASE NOTE:*** *All sections marked with* **\*** *are required; you may mark sections not applicable to you with N/A.*

**VOLUNTEER INFORMATION Today’s Date: / /**

**First Name:\* Last Name:\* Pronouns:** *he/him, she/her, they/them, etc.*

**Phone:\* ( ) Email:\***

**Home Address:\***

**City:\* State:\* Zip:\***

**Employer:**

**My employer matches volunteer hours** 🞎 **Yes** 🞎 **No I’d like to volunteer for school credit** 🞎 **Yes** 🞎 **No**

**Are you age 18 or older? \*** 🞎 **Yes** 🞎 **No**

**VOLUNTEER POSITION INTEREST**

**Are you applying to a specific program or position?\***   
 **What kind of volunteer activities are you interested in? Please check all that apply.**

🞎 Administrative and program support (clerical, mailing)

🞎 Maintenance activities (cleaning, indoor and outdoor repairs, painting, weeding)

🞎 Tutoring and activity groups for children and youth

🞎 Educational or activity groups for shelter residents

🞎 Food Education cooking/nutrition classes

🞎 Shelter support (answering the phone, operating the shelter during shifts)

🞎 Special events

🞎 Community outreach

🞎 Board of Directors

🞎 Translation 🞎 Interpretation ***List language(s):***

🞎 Other:

**When are you able to volunteer? Please select all that apply.**🞎 **Weekdays (daytime)** 🞎 **Weekdays (evening or overnight)** 🞎 **Weekends (daytime)**  🞎 **Weekends (evening or overnight)** **Comments:**

**Have you volunteered with the Women’s Help Center before? If yes, when:**

**Do you have relative(s) and or friend(s) employed by the Women’s Help Center? If yes, please specify:  
  
Name: Job Title: Relationship:**

**Why would you like to volunteer with Women’s Help Center? What are some skills or experience that you would like to contribute and/or gain?**

**The Women’s Help Center works with domestic violence, providing emergency shelter, education, advocacy, and outreach services. Please describe your experience and interest in working with people experiencing domestic violence and from diverse backgrounds (this may include race, culture, gender, sexual orientation, religion, socioeconomics, age, etc.):**

**How did you learn about volunteering at the Women’s Help Center?**

🞎 Friend/relative 🞎 Facebook or Instagram 🞎 Website 🞎 RSVP (Retired Senior Volunteer Program)

🞎 Women’s Help Center employee: (please specify):

🞎 News outlet (please specify):

🞎 Event (please specify):

🞎 Other (please specify):

**REFERENCES**

*We contact references for all volunteer positions. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer is interviewed and two references are required.*

**First Name:\* Last Name:\***

**Phone:\* ( ) Email:\* Relationship:\***

**First Name:\* Last Name:\***

**Phone:\* ( ) Email:\* Relationship:\***

**First Name: Last Name:**

**Phone: ( ) Email: Relationship:**

**AUTHORIZATION\***

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with the Women’s Help Center.

      (Initial) **Authorization\***

**LIABILITY RELEASE\***

I hereby release, indemnify, and hold harmless the Women’s Help Center, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Women’s Help Center activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with the Women’s Help Center.

      (Initial) **Liability Release\***

**MEDIA RELEASE *(optional)***

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with the Women’s Help Center. I understand that the Women’s Help Center will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Women’s Help Center materials such as printed publications, the agency website ([**www.womenshelpcenter.org**](http://www.womenshelpcenter.org)), videos, social media, grant proposals, and promotional materials to support the Women’s Help Center and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Women’s Help Center Executive Director. The organization will not create new materials using participants’ media – but may continue to use already printed materials until replacements can be made.

      (Initial) **Media Release**

**Volunteer Signature:\* Date: / /**

**OPTIONAL: Supplemental Data Questions**

*The following questions help us track various demographic data; this information will not be used for screening and placement.*

**Are you a veteran?** 🞎 Yes 🞎 No **Are you living with a disability?** 🞎 Yes 🞎 No

**Ethnic/Racial Background**

*If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.*

🞎 African

🞎 African American or Black

🞎 American Indian or Alaska Native

🞎 Asian

🞎 Caucasian

🞎 Hispanic or Latino

🞎 Native Hawaiian or Pacific Islander

🞎 Two or More Races

🞎 Other/please specify

***Please submit your completed application and to Women’s Help Center by email or mail:***

**WHC@womenshelpcenter.org| PH: 814-536-5361 | 809 Napoleon Street, Johnstown, PA 15901**