

# Shenandoah Women's Center, Inc.



Community Resource and  
Counseling  
(304) 263-8522  
Jefferson Satellite Office  
(304) 725-7080  
Morgan Satellite Office  
(304) 258-1078  
Shelter/ Hotline  
(304) 263-8292

236 W. Martin Street

Martinsburg, West Virginia 25401

(304) 263-8522

Please Note:

- All information in this application is kept strictly confidential and used only to match volunteers with available opportunities.
- Please print or type carefully and answer each question as completely as possible.
- Completion of this application does not guarantee acceptance into SWC's volunteer program.

**Return completed application to:**

Shenandoah Women's Center, Volunteer Coordinator, 236 West Martin Street, Martinsburg, WV 25401

## CLIENT ADVOCATE VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
First Middle (full, please) Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How do you prefer to be contacted?  Phone  Email

Date of Birth: \_\_\_\_\_

How did you hear about SWC volunteer opportunities? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency involving you, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

Please begin with your most recent position and include any job related volunteer assignments.

Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## EDUCATION AND SKILLS

Please respond for each level of education that you have completed.

High School/GED: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

College: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_

College: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Business/Vocational School: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Are you fluent in languages other than English, including American Sign Language?

If so, please list: \_\_\_\_\_

Describe some of your like, educational and/or work experiences that may be helpful in your volunteer work:

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Why do you want to volunteer at SWC and what do you hope to get out of this experience? (use additional paper if necessary)

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Have you ever been in danger or in a crisis situation? How did you react?

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How do you react to high stress or situations where everything happens at once?

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Have you volunteered for SWC in the past?            Yes            No    Approx. Dates: \_\_\_\_\_

What duties did you perform? \_\_\_\_\_

Have you ever received services from SWC? If so, which services and how long ago?

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### SENTENCE COMPLETION

Being helpful in crisis situation means...

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A person would stay with an abusive partner because...

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People batter because...

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People rape because...

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## REFERENCES

SWC may require volunteers to complete background checks before beginning volunteer experience. Use this space for references we should contact, particularly if you do not have any work related references. You may want to include instructors, advisors, co-workers, and leaders of professional groups. Please do not include relatives or friends.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## AVAILABILITY AND INTEREST

For what length of time can you volunteer with SWC? \_\_\_\_\_

Approximately how much time do you have available to volunteer with SWC each week?

\_\_\_ 4 hours/week \_\_\_ 8 hours/week \_\_\_ 16 hours/week Other: \_\_\_\_\_

Please check **all times** that you may be available to volunteer at SWC:

	Monday	Tuesday	Wednesday	Thursday	Friday	Holidays
<b>8a-Noon</b>						
<b>9a-1p</b>						
<b>10a-2p</b>						
<b>11a-3p</b>						
<b>Noon- 4p</b>						
<b>1p-5p</b>						
<b>2p-6p</b>						
<b>3p-7p</b>						
<b>4p-8p</b>						
<b>5p-9p</b>						
<b>6p-10p</b>						

## VOLUNTEER COMMITMENT

Please read carefully, sign, and date below:

- I certify that the information given herein is accurate and complete to the best of my knowledge.
- For the wellbeing of our clients, volunteers and staff, it is important that our volunteers are committed to SWC's mission statement.
- Opportunities for volunteers are provided without regard to race, color, creed, religion, ancestry, national origin, sex, sexual orientation, disability, age, marital status.
- SWC is not obligated to accept you as a volunteer, nor or you obligated to accept a volunteer position if offered.
- I authorized SWC to complete a background check prior to beginning of volunteer service.
- Please provide social security number for background check: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*A background check will be required for any volunteer interested in client advocacy.**

Thank you for taking the time to fill out this application completely and honestly. Upon receipt and processing of this form, the volunteer coordinator will be in contact with you.

Thank you for supporting Shenandoah Women's Center, Inc.