

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

Telephone (304) 263-8522

VOLUNTEER APPLICATION

Date: _____

Name: (legal) _____
First Middle (full, please) Last

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ SSN: _____

How do you prefer to be contacted? Phone Email

Date of Birth: _____

Areas of interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Furniture pick-up/delivery | <input type="checkbox"/> Front desk coverage |
| <input type="checkbox"/> Donation pick-up/delivery | <input type="checkbox"/> Hotline | <input type="checkbox"/> Office maintenance |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other: _____ |

Please list any skills or training you have had that could benefit the agency (i.e. sign language, foreign language, computer software, fundraising, etc.)

What time of day are you available: Day Evening Weekends

How did you hear about Shenandoah Women's Center volunteer opportunities? Please be specific:

Have you volunteered for Shenandoah Women's Center in the past? Yes No

Approximate dates of previous volunteering: _____

What duties did you perform?

Please list other organizations you have volunteered for in the past:

Why do you want to volunteer for SWC and what do you hope to gain out of this experience?

EMERGENCY CONTACT INFORMATION

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

Name: _____ Relationship: _____

Daytime phone: _____ Evening phone: _____

REFERENCES

SWC may conduct reference checks on volunteer applicants. Use this space for any references we may contact. You may want to include instructors, academic advisors, co-workers, and leaders of professional group. Please do not include friends or relatives.

Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Thank you for your interest in becoming a volunteer at SWC. Please return your application to Shenandoah Women's Center: Attn: Volunteer Coordinator, 236 West Martin Street, Martinsburg, WV 25401, or email your application to: volunteer@swcinc.org