Women's Health

Application for a Volunteer Position

AN EQUAL OPPORTUNITY EMPLOYER: We do not discriminate on the basis of race, color, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Email: _____

Languages Spoken: English ☐ Spanish ☐ Other (please list): _____

Are you at least 18 years of age? Yes ☐ No ☐

Do you have a high school diploma or equivalent? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, state details and dates:_____

Have you been given a volunteer job description or had the requirements of the job explained to you? Yes ☐ No ☐

Do you understand these requirements? Yes ☐ No ☐

Can you perform these requirements of the job with or without reasonable accommodation? Yes ☐ No ☐

If you have ever volunteered for us before, please state when and reason for leaving: _____

Please indicate your **work experience** in the following areas:

☐ Women's Health Care ☐ Other Health Care ☐ Telephone Work
☐ Counseling/Interviewing ☐ Fundraising/Special Events ☐ Clerical Work (typing, filing, etc.)
☐ Public Speaking ☐ Computer Proficiency

Due to the nature of the work that you will be doing and the time and energy that it takes to train new volunteers, a six month commitment of four hours per week AND attending all training sessions/monthly volunteer meetings is the ***minimum*** requirement that we expect. Are you realistically willing to make this commitment? Yes ☐ No ☐

Are you looking to: Do on-call Service Work ☐ Volunteer as a Clinic Assistant ☐ Apply for an Internship ☐

References (Personal or Professional, not including relatives)

We cannot process your application unless all reference information is COMPLETE and CURRENT

❶ Name_____ Relationship_____

Phone _____ e-mail adddress _____

❷ Name_____ Relationship_____

Phone _____ e-mail adddress _____

❸ Name_____ Relationship_____

Phone _____ e-mail adddress _____

Please answer the following questions:

What are your objectives for volunteering with our organization? What do you hope to gain from your volunteer experience?

What skills would you bring to our organization?

Please describe your previous volunteer experience, if any. What did you like or dislike about it?

Are you Pro-Choice? Yes ☐ No ☐

What does Pro-Choice mean to you?

Have you, in any way, come in contact with "the abortion experience"? How has this affected your views?

Please Read Carefully Before Signing

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for a volunteer position and may justify my dismissal if discovered at a later date.

I understand that by signing below, I authorize Women's Health to perform background screening and contact my references as necessary.

I have read, understand, and by my signature consent to these statements.

_____ _____

signature date