

Family Resource Center • Volunteer Application

Name: _____ Today's Date: _____

Date of Birth: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Current Employer(s): _____

Occupation: _____ Business Phone: _____

Have you done volunteer work before? Yes No Where? _____

Please share some about what you did:

Do you have any experience or training with the above or skills and hobbies you can share with us?

How much time are you able to volunteer? A week? _____ A month? _____

Are there certain days or times that are best for you to volunteer?

How did you learn about us?

Have you had any previous training about domestic/sexual violence?

If yes, can you tell us what, where, and when you received it?

What kind of Volunteer work are you interested in? (check all that apply)

- Hospital/court Advocate Literacy Life-skills Children's activities
- Groups / classes Interpreter Transportation Presentations
- Prevention Education Christmas Projects Fundraising
- Donor Building Special events Soliciting Donations Thrift Store Public relations

- Marketing
- Handy-person / maintenance
- Cleaning
- Organizing
- Painting
- Copying / Filing
- Data entry / Typing
- Running errands
- Newsletter
- Technology – web design
- Other (list below)

Please list any other volunteer work you are interested in doing:

Would you like to receive mailings, updates, or our newsletter in the future? Yes No

Name, address, and phone number of a personal reference:

I affirm that I will abide by the policies and will treat with respect and confidentiality any information learned about the personal lives of clients, staff, or volunteers at the Family Resource Center.

Signature

Date

Send completed application to:
Family Resource Center, Inc
Attention: Volunteer Coordinator
PO BOX 612 Wytheville, VA 24382
Fax 276.228.7152