

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: _____

Birthdate: _____

Address: _____

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: _____

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: Volunteer at special events Volunteer as a Clinic Assistant Apply for an Internship

Volunteer for the Administrative team

References (Personal or Professional, not including relatives)

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

① Name _____ Relationship _____

Phone _____ e-mail address _____

② Name _____ Relationship _____

Phone _____ e-mail address _____

③ Name _____ Relationship _____

Phone _____ e-mail address _____

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?

What does it mean to you to support reproductive justice?

How has the issue of abortion affected you personally? How has this shaped 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