



Thank you for your interest in volunteering with Women's Place. Please provide the following information (and a resume if available) and forward it to the mailing address, email address or fax number above. Volunteer applications are reviewed periodically as needs arise within the organization.

## SECTION A: Your Contact Information

Last Name		First Name	
Building #	Street Name		Apt. #
City/Town		Prov.	Postal Code
Home Phone		Cell Phone	
Business Phone		Email	

## SECTION B: Your Availability

I am available on the following days and times:

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Please comment on any commitments that may affect your availability (for instance, if you travel in the winter).

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## SECTION C: Emergency Contact Information

Name of Contact:	Relationship:
Primary Phone	Secondary Phone

## SECTION D: Employment & Volunteer History

DATES (month/year)	NAME OF EMPLOYER	JOB TITLE
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		



## SECTION E: Preferences

What is your preferred location for volunteering?

- Niagara Falls     Welland     Both

What is your preferred method of communication?

- Mail     Home Phone     Cell Phone     Email

## SECTION F: Your Areas/Programs of Interest

Please rank the following areas by level of interest, with "1" being your highest level of interest. Please rank **only** those that apply.

<p><u>Fundraising Events</u></p> <p>___ <b>Brunch, Bid &amp; Bowl Fundraising Event</b> (March)</p> <p>___ <b>Women's Place Book Riot</b> (Set up and support our book sale, May)</p> <p>___ <b>Book Sorting</b> (Sort books throughout the year to prepare for Book Riot)</p> <p>___ <b>Join the WAVE - Walk for Women's Place</b> (November)</p> <p>___ <b>Charity of Choice Events</b> (Support events hosted by third party organizations to raise funds for Women's Place throughout the year)</p> <p>___ <b>Bingo Volunteer</b> Please check preferred location: ___ Niagara Falls (Delta Bingo—Drummond Rd) ___ Fort Erie (Uncle Sam's—Garrison Rd)</p>	<p><u>Shelter/Community Volunteer</u></p> <p>___ <b>Donation Sorting</b></p> <p>___ <b>Assistance with Cleaning</b></p> <p>___ <b>Yard Work/Gardening</b></p> <p>___ <b>Transportation Services</b> (e.g., picking up donations)</p> <p>___ <u>Office Volunteer</u></p> <p>___ <b>Assistance with Mailings</b></p> <p>___ <b>Data Processing</b></p>	<p><u>Committee Membership</u></p> <p>___ <b>Book Riot Committee</b> (Meetings January— June)</p> <p>___ <b>Brunch, Bid &amp; Bowl Committee</b> (Meetings August-April)</p>
<p><u>Child &amp; Youth Services</u></p> <p>___ <b>Child Care</b> (generally weekdays during business hours)</p>		
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>I wish to be considered for future membership on the Women's Place Board of Directors.</b></p>		
<p><i>Note: Volunteers wishing to join our <b>Board of Directors</b> are invited to fill out the board application on our website: <a href="http://www.womensplacesn.org">www.womensplacesn.org</a></i></p>		

What are your primary interests and goals in volunteering with Women's Place?

Do you have any relevant skills / qualifications / experience that you would like us to be aware of?

Any additional information or comments? (e.g., hobbies, interests, languages spoken, community involvement)

**Please note: Volunteers may be requested to obtain a Criminal Record Check.**

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