



Women's Resources of Monroe County, Inc.

Volunteer Application

All Information is Confidential within the Agency

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Phone _____

Education (circle last year completed) HS 1 2 3 4 College 1 2 3 4 Graduate

Name of School/College _____

Are you presently employed? Yes ____ No ____ Full-time ____ Part-time ____

Employed With:

Occupation:

Special skills, training, interests or hobbies

Please list any current or previous volunteer, internship or work experience:

What are your volunteer interests? Check all that apply.

- Hotline Volunteer*
- Presenting Programs (Public Speaking) and Community Outreach*
- Fundraising Committees
- Administrative (Reception, typing, data entry, etc.)
- Staffing Information Tables (Explaining services, handing out brochures, etc.)
- Helping with Mailings
- Helping with Special Events
- Direct Service Intern* (Must be a current college student in need of field education hours)
- Other: _____

*Requires 70 hour Training Course

Have you volunteered at WRMC in the past Yes ____ No ____ If yes, when

Do you have a valid Driver's License? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Have you ever used our services? Yes _____ No _____ If yes, when _____

Do you speak other languages? Yes _____ No _____ If yes, please be specific:

How did you hear about Women's Resources, and what do you know about our programs and services?

What qualities will you bring with you to the Agency?

Can you commit to the 70-hour training program to become a hotline or outreach volunteer, as well as a one year commitment of two overnight hotline shifts a month? (Hotline training class is free with one year volunteer commitment.)

Availability: Please mark the days and times you are available:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							
Overnight							

Are you available regularly each week? Yes _____ No _____

Please enclose two references for admission to hotline training class.

Prior to the completion of hotline training, a criminal record check will be made in order to obtain a child abuse clearance.

I certify that the information provided above is true and correct and I give my permission to verify any of the information I have given above.

Signature _____ Date: _____

Please return completed application to:

Yvonne Downs, Volunteer Coordinator

yvonedowns@wrmonroe.org or

225 J Wilson Drive, Delaware Water Gap, PA 18327