



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 at least 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:

Melissa Brown Volunteer and Community Outreach Coordinator

MBrown@wrmonroe.org or

225 J Wilson Drive, Delaware Water Gap, PA 18327