



Volunteer Application Form

Please fill out this form if you are interested in volunteering with WomanHaven, A Center for Family Solutions. All volunteer applications are received with consideration of current volunteer opportunities. All completed forms will be held securely and confidential. If you are **under 18** please fill this version of the form and ask a parent or guardian to sign it and print name. If you're **over 18** please sign at the bottom of this form and print name.

Volunteer Contact information

Full name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Preferred not to say
DOB:		Age:	
Ethnicity:		Preferred Language:	
Address:	<hr/> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street City ST Zip </div>		
Phone:		Email:	
Emergency contact:	<hr/> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Full Name Phone Number </div>		

Interests *Please indicate in which area are you interested in volunteering*

<input type="checkbox"/> Walk in Center for Client Advocacy <input type="checkbox"/> Housing Department <input type="checkbox"/> Thrift Store volunteer	<input type="checkbox"/> Wellness Program <input type="checkbox"/> Shelter <input type="checkbox"/> Community Outreach/ Special Events/ Fundraising
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Availability:

Days available: Mon Tue Wed Thu Fri Sat
Times available: From: _____ to: _____

As a volunteer of your organization I understand that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem that may arise from any volunteer work I perform for the organization. I understand that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Parent/Guardian Signature: _____ Date: _____

Print name: _____

Signature: _____