



Volunteer Application

Contact Information

Name	
Street address	
City, state , ZIP code	
Phone	
E-Mail address	
Preferred contact method	<input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL

Additional Information

Birth date	
Occupation (if applicable)	
Employer	
<input type="checkbox"/> Married <input type="checkbox"/> Single	Name of spouse: Number of children and ages:
Occupation of spouse	
Church name and location	

Person to Notify in Case of Emergency

Name	
Relation	
Phone	

Interests

How did you learn about Robbinsdale Women’s Center and what interests you in volunteering?

In what capacity do you feel your skill set would be best represented at RWC? Please check all that apply.

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Sonographer (RDMS or higher) | <input type="checkbox"/> Prayer Ministry Coordinator |
| <input type="checkbox"/> Class Facilitator | <input type="checkbox"/> Underwriting Coordinator |
| <input type="checkbox"/> Baby Boutique | <input type="checkbox"/> Events Helper |
| <input type="checkbox"/> Translator/Interpreter | <input type="checkbox"/> Office Cleaning |
| <input type="checkbox"/> Administration/Office | Other _____ |
| <input type="checkbox"/> Church Liaison | Other _____ |

Is there a volunteer role that appeals to you the most?

Availability

What is your weekly availability?

How often would you like to volunteer?

- Weekly As needed
 Monthly Other _____

Experience

Summarize your previous volunteer or work experience.

How does your spouse/family feel about this kind of work?

Do you have personal experiences with pregnancy, childbirth, abortion, divorce, or widowhood? How have they affected you?

How do you feel about abortion as a solution to an unplanned pregnancy? On what do you base your belief about abortion?

Agreement and Signature

By submitting this application, I affirm that the information set forth in it is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that submitting this form is not a guarantee of placement as a volunteer for CWC and that placement may require an additional interview and other background screening including a criminal background check. Finally, I understand that I may be required to undergo training before serving as a volunteer.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us. Please return this application to the Volunteer Coordinator via postal mail, email, or by bringing it to RWC.