



Staff Only

DB  MC  IIL  P

**WOMEN'S  
EMPOWERMENT**

**Volunteer Information**

*PLEASE WRITE CLEARLY* Volunteer Orientation Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a student?  Yes  No

Are you retired?  Yes  No

Who is your employer? \_\_\_\_\_

What is your job title? \_\_\_\_\_

Are you affiliated with an organization or agency? Yes / No

If yes, what agency? \_\_\_\_\_

How did you hear about Women's Empowerment?

Why do you want to volunteer with us?

What are some special skills you can contribute to Women's Empowerment?

(For example: computer skills, office support, event planning, work with children, etc.)

over →

**Please check the area(s) that you are interested in volunteering for**

- |   |   |
|---|---|
| <input type="checkbox"/> Career Mentor  | <input type="checkbox"/> Mock Interviewer               |
| <input type="checkbox"/> Financial Mentor   | <input type="checkbox"/> Resume Writing Workshop        |
| <input type="checkbox"/> Childcare  | <input type="checkbox"/> Receptionist                   |
| <input type="checkbox"/> Clothing Closet  | <input type="checkbox"/> Thrift Store Driver            |
| <input type="checkbox"/> Ambassador   | <input type="checkbox"/> Teacher/Facilitator/Instructor |
| <input type="checkbox"/> Classroom Volunteer Aide   | <input type="checkbox"/> WELL Volunteer                 |
| <input type="checkbox"/> Special Events (Gala, Big Day of Giving, 3 <sup>rd</sup> Party Events) |   |
| <input type="checkbox"/> Other - Please specify: _____  |   |

**When are you available to volunteer?** (Check all that apply)

Please note that the majority of our opportunities fall during the work-week.

- Weekday  
Specify days and times: \_\_\_\_\_
- Evenings/Weekends
- On Call
- One-Time Volunteer

**Are you a graduate of Women's Empowerment?** Yes / No

If yes, what session did you graduate? \_\_\_\_\_

**Do you want to volunteer because you need to do community service?** Yes / No

If yes, how many hours? \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**The following is *optional* information we gather from our volunteers which is helpful with some of our grant funding.**

**Date of birth:** \_\_\_\_\_ **Gender:** Male / Female

**Ethnicity** (choose the group you most identify with)

- |   |   |
|---|---|
| <input type="checkbox"/> African-American       | <input type="checkbox"/> Native American  |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Middle Eastern   |
| <input type="checkbox"/> Caucasian/White        | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Latino/a               | <input type="checkbox"/> Decline to state |

Please return completed form by mail, e-mail, or fax:

Community Partnerships Coordinator  
1590 North A Street  
Sacramento, CA 95811

E-mail: [kt@womens-empowerment.org](mailto:kt@womens-empowerment.org)

Fax: 916-341-0730