



Women Together

Mujeres Unidas

VOLUNTEER REGISTRATION FORM

NAME: DATE:

ADDRESS: CITY, ZIP CODE:

MOBILE PHONE #: HOME PHONE #:

E-MAIL: DATE OF BIRTH:

May we add you to our mailing list: ☐ Y ☐ N

Have you ever been a volunteer? ☐ Y ☐ N Where?

Why would you like to be a volunteer at Mujeres Unidas?

Skills / Hobbies / Interests:

Occupation: Employer/School:

Please list any medical conditions:

Have you had a previous injury? ☐ Y ☐ N Is it necessary for you to limit your

physical activity in any way? If yes, please explain:

Which days would you be able to volunteer?

Monday ☐ AM ☐ PM

Tuesday ☐ AM ☐ PM

Wednesday ☐ AM ☐ PM

Thursday ☐ AM ☐ PM

Friday ☐ AM ☐ PM

Weekends ☐ Sat ☐ Sun

Interested in becoming a Crisis Intervention Advocate?

Please complete Part II

References: List 3 people, other than relatives, who have known you for at least one year:

Name	Address City, State & Zip	Phone Number	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you be able to provide us with a Criminal Background Check? Yes ☐ No ☐

A criminal background check will be required when volunteering as a Sexual Assault Advocate or with the Children's Program. \$5 processing fee.

Do you have reliable transportation?	Driver's License Number	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT:

Name: Address:

Relationship: Phone(s):

Please indicate by 1st, 2nd, 3rd etc. your preferred position of interest:

Crisis Hotline Advocate	Sexual Assault Advocate	Legal Advocate	Children's Program	Community Awareness	Fundraising	Office/Clerical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*It is recommended that those individuals wishing to provide direct service not be currently receiving services from the agency or have been in an abusive relationship or experienced a sexual assault within the last two years when applying to volunteer.

Signature: _____ Date:



AGREEMENT ON CONFIDENTIALITY

I shall reveal to no one other than agency personnel the names or any information about any agency client or person who inquires about becoming a client.

I shall reveal no information about agency clients without the written consent of the client.

I shall ensure that any records and/or other written material with names or information about clients or potential clients will not be left in any place which might be seen or available to anyone other than appropriate agency personnel.

I shall ensure that any discussion I have about or to a client shall be kept in confidence and not be overheard by anyone.

I shall not reveal the location or phone number of the Emergency Shelter facility.

I have read, understood and agree to abide by the above. I further understand that if I do not act in accordance with the above, it is reason for immediate dismissal.

.....

Signature

Date

Staff Member

Date

Email completed form to: wtvolunteer_events@yahoo.com