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

- Career Mentor
- Mock Interviewer
- Financial Mentor
- Resume Writing Workshop
- Childcare
- Receptionist
- Clothing Closet
- Thrift Store Driver
- Ambassador
- Teacher/Facilitator/Instructor
- Classroom Volunteer Aide
- WELL Volunteer
- Special Events (Gala, Big Day of Giving, 3rd Party Events)
- Other - Please specify: ______________________________

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

- 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)

- African-American
- Native American
- Asian/Pacific Islander
- Middle Eastern
- Caucasian/White
- Other
- Latino/a
- 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: zoe@womens-empowerment.org
Fax: 916-341-0730