



Staff Only

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**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 rd 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: zoe@womens-empowerment.org

Fax: 916-341-0730