

Volunteer Application

Thank you for your interest in FWHC's programs.

Please complete this application and return to us at 1924 Cliff Valley Way NE Atlanta, Georgia 30329 or FAX to 404.417.0878. We will contact you soon to confirm receipt and schedule a volunteer orientation. If you have any questions, contact the Volunteer Coordinator at nextwave@feministcenter.org or 404.248.5445.



****PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE (PREFERRED) OR ANOTHER TYPE OF PHOTO ID****

| | | | |
|----------------------------|------------|--|---------------------|
| Contact Information | | | Today's Date: _____ |
| Name: _____ | | | |
| First | Middle | Last | |
| Address: _____ | | | |
| Street | City/State | Zip Code | |
| Phone #: _____ | | | |
| Home | Office | Cell | |
| Email Address: _____ | | | |
| Occupation: _____ | | Current Employer or School (if any): _____ | |

| |
|---|
| Skills & Past Experiences |
| Computer Program Skills: _____ |
| Languages (please specify speaking/reading/writing ability levels): _____ |
| Do you have any past experience in volunteering, community involvement, or political work? _____ |
| Other skills or experiences applicable to volunteering with FWHC: _____ |

| | | | |
|-------------------------------------|---------------------|------------------------|------------------------------|
| How were you referred to us? | | | |
| ___ Friend | ___ Newspaper Ad | ___ Friend or Relative | ___ Community Group |
| ___ Employee | ___ Internet Search | ___ Other Ads | ___ Email Listserv ___ Table |
| | | ___ Website | ___ Other |

| | | | | | |
|---|---------------------------------------|--|---------------------------------------|---|------------------------------|
| Demographic Information | | *Note: This section is optional but it helps us to evaluate our programs* | | | |
| Preferred Pronoun: _____ | Date of Birth: _____ | | | | |
| I identify as: <input type="checkbox"/> Woman | <input type="checkbox"/> Man | <input type="checkbox"/> Transwoman | <input type="checkbox"/> Transman | <input type="checkbox"/> Gender Variant | |
| My age is: <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18-29 | <input type="checkbox"/> 30-29 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60+ |
| My ethnicity/racial identity is: | <input type="checkbox"/> White | <input type="checkbox"/> African-American | <input type="checkbox"/> Latino/a | <input type="checkbox"/> Asian/Pacific Islander | |
| | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Arab/Middle Eastern | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Native American | |
| | <input type="checkbox"/> Other: _____ | | | | |
| My sexual orientation is: | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Questioning | |
| | <input type="checkbox"/> Queer | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other: _____ | | |

| | | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|--|
| Time Commitment | | | | | | | |
| Please indicate which times you prefer to volunteer (please check all that apply): | | | | | | | |
| ___ Mon AM | ___ Tue AM | ___ Wed AM | ___ Thu AM | ___ Fri AM | ___ Sat AM | ___ Sun AM | |
| ___ Mon PM | ___ Tue PM | ___ Wed PM | ___ Thu PM | ___ Fri PM | ___ Sat PM | ___ Sun PM | |
| ___ Mon Eve | ___ Tue Eve | ___ Wed Eve | ___ Thu Eve | ___ Fri Eve | ___ Sat Eve | ___ Sun Eve | |
| Please provide any additional comments about scheduling and time frames here: _____ _____ | | | | | | | |

Motivations for Volunteering

Please indicate any specific volunteer interests: _____

FWHC Programs of Interest (please check all that apply):

- Young Women’s Leadership Project Lifting Latina Voices Initiative Advocacy Days
- Men for Equality & Reproductive Justice Health Education Training Committee Grassroots Fundraising Events
- Black Women’s Health Forum Feminist Advocacy Network ListServe Other: _____
- Feminist Film Forum (email required; quick response needed) _____

Volunteer Interests and Skills (please check all that apply):

- Volunteer coordination Phone supporters for events Recruit other volunteers Lobbying
- Staff a table at a festival/events Street teaming Staff a health fair Photography
- Translating brochures Hosting a house party Event planning Data entry
- Legal research Health education Graphic design
- Mailings**
- Public speaking Training / Workshop facilitation Work on/at an event IT Help
- Web design/maintenance Office support during the day Rallies /Protests Arts & Crafts
- Medical Records/Clinic Admin. Marketing support Liaison with campus: _____
- Videography Flyer design Event location to offer: _____
- A specific skill or expertise to offer: _____
- Other: _____

Preference of volunteer work environment (please check all that apply):

- Social (I enjoy socializing with other volunteers). Individual (I enjoy working by myself).
- Committee (I enjoy working as a team). Outward (I enjoy being out in the community).

Will volunteering fulfill a community service or school requirement? ___Yes ___No

If yes, please explain: _____

Reference (Non-Family)

COMPLETE NAME, ADDRESS, ZIP CODE AND PHONE NUMBER REQUIRED

1. _____

| | | |
|---------|------------|----------|
| Name | Phone # | Email |
| | | |
| Address | City/State | Zip Code |
| | | |

Emergency Contact

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

| | | |
|------|--------------|---------------|
| | | |
| Name | Relationship | Phone Numbers |

The Feminist Women's Health Center is neither obligated to utilize your services as a volunteer nor are you obligated to accept the volunteer assignments offered. The Feminist Women’s Health Center is an Equal Opportunity organization.

We do not discriminate on the basis of gender, gender identification, gender expression, sexual orientation, race, color, ethnic or religious background, descent or nationality, disability or disease, marital status, age, height or weight.

Statement of Responsibility

If accepted as a volunteer, I pledge to hold in strict confidence, all personal and official matters that come to my attention. It is my responsibility to respect and preserve the privacy of the clients as well as any details involved and I understand that I will be required to sign a Confidentiality Agreement.

| | |
|-----------|------|
| | |
| Signature | Date |

Office Use Only: ___DE Complete by ___ (your initials) ___File Prepared ___Copy to ___