# Volunteer Application Form

Please email this form to cicelyp@feministcenter.org. Should you be selected, we will contact you via phone for a brief interview. We look forward to receiving your application!

## Basic Information

Name (First, Middle, Last)

Email Address | Phone

Street Address

City | State | Zipcode

Date of Birth (MM/DD/YY) | Occupation

Current Employer/ School

Emergency Contact Name

Phone | Relationship

Reference Name

Phone | Email Address

***How did you hear about us?***

☐ Word of Mouth ☐ Social Media ☐ Outreach Event/Festival ☐ Website

☐ Other. Please specify:

## Interests and Skills

***Do you have any past experience in volunteering, community involvement or political work? Please elaborate below.***

***Education Background. Please share details of current school or highest degree obtained:***

Name of School/University

Address

Degree

Graduation Date

***Please list any computer-related skills you have including software programs you are familiar with.***

***Languages. Please specify proficiency based on the ILR Scale. Elementary proficiency; Limited working proficiency, Professional working proficiency, Full professional proficiency, Native or bilingual proficiency.***

***Please indicate which areas of our work interest you the most. Select all that apply.***

- ☐ Lifting Latinx Voices Initiative
- ☐ Legislative Advocacy
- ☐ Civic Engagement
- ☐ Community Outreach
- ☐ Fundraising
- ☐ Marketing & Communications
- ☐ Clinic Escort/Liaison work

***Please select all areas that you have skills or experience in.***

- [ ] Administrative Support
- [ ] Advocacy
- [ ] Audio/Video production
- [ ] Clinic Liaison
- [ ] Community organizing
- [ ] Data collection & analysis
- [ ] General marketing skills
- [ ] Graphic design
- [ ] Fundraising
- [ ] Health education
- [ ] Photography
- [ ] Research
- [ ] Social media
- [ ] Software development
- [ ] System administration
- [ ] UX/UI design
- [ ] Facilities maintenance (painter, carpenter, etc. )

***Please describe any additional skills or experience that you would like us to know about.***

## Optional Section - Identities and Demographic Information

We are an inclusive organization that supports leadership development and inclusion of people of all identities, across age, ethnicity, race, nationality, gender and sexual orientation. We are interested in learning about the identities you hold and the ways in which they affect how you experience the world. The following questions are optional, please share as much as you are comfortable with. Please select all idenities that describe you.

***Age***

- [ ] Below 18 years
- [ ] 18-34 years
- [ ] 35-50 years
- [ ] 51-64 years
- [ ] 65+years

***Gender Identity - Please select all the identities that describe you:***

- [ ] Woman
- [ ] Man
- [ ] Gender Nonconforming/Genderqueer/Non-binary
- [ ] Trans Man/Man of trans experience
- [ ] Trans Woman /Woman of trans experience
- [ ] Two-Spirit
- [ ] Intersex
- [ ] Prefer not to answer
- [ ] Prefer to self-describe:

***Sexual Orientation - Please select all the identities that describe you:***

☐ Asexual ☐ Bisexual ☐ Gay ☐ Heterosexual/Straight ☐ Lesbian

☐ Pansexual ☐ Questioning ☐ Queer ☐ Prefer not to answer

☐ Prefer to self-describe: _____

***Preferred Pronouns***

☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Prefer not to answer

☐ Prefer to self-describe: _____

***Ethnicity/Race - Please select all the identities that describe you:***

☐ Asian/South Asian/Central Asian (E.g. Korean, Chinese, Pakistani, Indian, Afghani, etc.)

☐ Black and/or African-American (E.g. African-America, Somalian, Nigerian, etc.)

☐ Hispanic, Latinx or Spanish origin (E.g. Colombian, Dominican, Mexican, Mexican-American, etc.)

☐ Middle Eastern or North African (E.g. Iranian, Iraqi, Kuwaiti, Syrian, Egyptian, etc.)

☐ Multiracial

☐ Native American or Alaska Native (E.g. Navajo Nation, Blackfeet Tribe, Mayan, etc.)

☐ Native Hawaiian or Pacific Islander (E.g. Native Hawaiian, Samoan, Tongan, etc.)

☐ White/Caucasian (E.g. German, Italian, English, Polish, etc.)

☐ Prefer to self-describe: _____

☐ Prefer not to answer

***Are there any other identities you hold that you would like us to know about?***

## Additional Information

***Our clinic and office space is accessible to most wheelchair users. We are currently updating even more of our space to accommodate wheelchair users. Please let us know if there is anything we can do to accommodate your physical needs as a volunteer.***

***What days and times do you prefer to volunteer?***

☐ Weekday AM ☐ Weekday PM ☐ Weekend AM ☐ Weekend PM

☐ Prefer to self-describe:

***Will you be volunteering with us to fulfill a community service or school requirement?***

☐ No

☐ Yes. Please explain:

**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 patients as well as any details involved. I understand that I will be required to sign a Confidentiality Agreement.

**Signature of Applicant**

Disclaimer: We are so thrilled you are interested in volunteering with us. Many great community leaders, health care providers and even elected officials were once volunteers with us! Sometimes our needs to support our work and your interest as a volunteer are not a good fit. If that is the case we will let you know and hopefully can help connect you with one of our partners. Also, as a volunteer you are not obligated to accept volunteer assignments offered.