

Volunteer Application Form

Please email this form to katiemaes@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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Lifting Latinx Voices Initiative | <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Civic Engagement |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing & Communications |
| <input type="checkbox"/> Clinic Escort/Liaison work | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Audio/Video production |
| <input type="checkbox"/> Clinic Liaison | <input type="checkbox"/> Community organizing | <input type="checkbox"/> Data collection & analysis |
| <input type="checkbox"/> General marketing skills | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Photography | <input type="checkbox"/> Research |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Software development | <input type="checkbox"/> System administration |
| <input type="checkbox"/> UX/UI design | <input type="checkbox"/> 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 identities 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.