



VOLUNTEER APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER: Diversity is at the core of the work we do. Boulder Valley Women's Health Center is committed to promoting diversity, multiculturalism, and inclusion in the workplace, and we encourage people of all races, ethnicities, abilities, gender identities, and sexual orientations to apply.

Personal Information

Name: _____

Pronouns: _____

Address: _____

Phone: _____

Email: _____

Languages Spoken **Fluently:** English Spanish Other (please list): _____

Are you at least 18 years of age? Yes No

Do you have a high school diploma or equivalent? Yes No

Have you applied for our volunteer program before? Yes No

If yes, please list the date(s): _____

Please indicate whether you have **experience** in the following areas:

- Health Care Fundraising/Special Events
 Counseling/Interviewing Clerical Work (typing, scanning, filing, etc.)
 Public Speaking/Community Outreach Computer Proficiency Telephone Work

We require that you volunteer at least two hours a week for a **minimum of one term** (spring, summer, or fall). Are you willing to make this commitment?

Yes No

Which volunteer activities are you willing to contribute to?

- Volunteer as a Clinic Assistant Volunteer to complete data entry Volunteer at special events
 Volunteer for the Development Team Volunteer for the Outreach/Education team Volunteer in Longmont

References (personal or professional, not including relatives)

We cannot process your application unless all reference information is COMPLETE and CURRENT

REFERENCE 1:

Name _____

Relationship _____

Email _____

Phone _____

REFERENCE 2:

Name _____

Relationship _____

Email _____

Phone _____

REFERENCE 3:

Name _____

Relationship _____

Email _____

Phone _____

Availability

In order to best accommodate staff needs, we ask that you commit to at least one shift a week for a minimum of two hours. Please list all times that you are available on a consistent, weekly basis.

What is your weekly availability?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Which term are you applying for?

Please note that our terms are designed to approximately coincide with the school semester schedule and that volunteers will have the opportunity to continue their work into an additional term.

- Spring (Jan - May)
- Summer (May - August)
- Fall (August - December)

Please answer the following questions:

What do you hope to gain from your volunteer experience at BVWHC?

What specific skills would you bring to our organization?

Please describe your previous volunteer experience, if any. What did you like or dislike about it?

Why is advocating for reproductive justice important to you?

Please describe an experience during which you realized it was more important to be compassionate than to be right.

Please read carefully before signing

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for a volunteer position and may justify my dismissal if discovered at a later date.

I understand that by signing below, I authorize Boulder Valley Women's Health Center to perform background screening and contact my references as necessary.

I have read, understand, and by my signature consent to these statements.

Signature

Date