

Boulder Valley Women's Health Center

Application for a Volunteer Position

AN EQUAL OPPORTUNITY EMPLOYER: We do not discriminate on the basis of race, color, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal Information

Name: _____ Birth date: _____

Address: _____ Phone: _____

Email: _____

Languages Spoken: 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 if 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

Due to the nature of the work that you will be doing and the time and energy that it takes to train new volunteers, a six month commitment is the minimum requirement that we expect. Are you willing to make this commitment?

Yes No

Which volunteer activities are you willing to contribute to:

- Volunteer at special events Volunteer to complete data entry Volunteer in Longmont
 Volunteer for the Development Team Volunteer for the Youth/Education team
 Volunteer for the Advocacy/Public Policy team

References (Personal or Professional, not including relatives)

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

① Name _____ Relationship _____

Phone _____ e-mail address _____

② Name _____ Relationship _____

Phone _____ e-mail address _____

③ Name _____ Relationship _____

Phone _____ e-mail address _____

Please answer the following questions:

What are your objectives for volunteering with our organization? What do you hope to gain from your volunteer experience?

What skills would you bring to our organization?

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

What does it mean to you to support reproductive justice?

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

How has the issue of abortion affected you? How has this shaped your views?

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 Women's Health to perform background screening and contact my references as necessary.

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

Signature

Date