



Women's
Resource & Action
Center

Volunteer Application

Name: _____ Date: _____

Address: _____

Email address: _____

Phone: _____ Best way to reach you: _____

Please rank the following volunteer areas according to your level of interest in each.

(1 = most interested ←→ 4 = least interested)

___ Group Facilitator ___ IWIS ___ Diversity Dialogue Leader ___ Men's Anti-Violence Council

How many hours per week can you commit to volunteer service? _____

What interests you about volunteering at the Women's Resource & Action Center (WRAC) ?

Please describe any volunteer or non-profit organization work experience you have had, and what have you enjoyed and/or disliked about these experience(s).

What activities, groups, organizations are you involved with (i.e., Greek, faith-based organizations, academic/honors groups, interest/hobby/political groups, sports/athletic teams, place of employment, etc.)?

(over)

What skills do you have that you would like to use in your time at the Women's Center?

- Web Design Audio / Visual Public Speaking Graphic Design
- Fundraising Social / Political Organizing Event Planning Research
- Counseling Group Work (working with groups) Teaching Publicity
- Arts & Crafts Budgeting / Financial Literacy Writing
- ASL / Foreign Language Skills (please list) _____
- Other (please describe) _____

How did you find out about the volunteer opportunities at WRAC?

- Flyer Ad Word of Mouth/Personal Contact Website Email
- Other _____

Persons with disabilities are welcome as volunteers.

Please indicate any accommodations you need to participate:

References. Please list contact information for two people who can speak to your skills and abilities (relevant to the expectations of the volunteer position) and your commitment and dependability in general. These persons could be work or volunteer supervisors, former or current professors, academic advisors, high school teachers, etc. WRAC reserves the right to request background verification for criminal and child abuse records.

*** MUST include Mailing Address**

*Name: _____ Relationship to you: _____

*Mailing Address: _____

Email address: _____

Phone: (day) _____ (eve) _____

*Name: _____ Relationship to you: _____

*Mailing Address: _____

Email address: _____

Phone: (day) _____ (eve) _____

Thank you for completing this application. Please return to WRAC, 130 N. Madison, Iowa City, IA 52245.