



## Volunteer Contact Information

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  $\leftrightarrow$  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, and 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:

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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) \_\_\_\_\_

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\*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.