

Fresh Start Women's Foundation Volunteer Application

Title:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> MA
First Name:	
Middle Initial:	
Last Name:	
Nickname:	
Birth Date/Age:	

Cell Phone:	
Business Phone:	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail:	
Street Address:	
City, ST, Zip:	

Emergency Contact Name:	
Emergency Phone Number:	
Relationship to You:	

If Part-Time Resident, Alternate Address:	
Alternate City, ST, Zip	
Times of Year at the Alternate Address:	

Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
School:	

Current Employer (if applicable):	
Job Title:	

Highest Level of Education Obtained:	<input type="checkbox"/> Grade School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate/Vocation Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree _____ <input type="checkbox"/> Doctorate _____
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List the special skills, training, talents or interests you wish to share with Fresh Start. (Include any languages you speak fluently.)	
Describe any disabilities or physical limitations of which we need to be aware.	
List any tasks that you would prefer to avoid as a volunteer.	
List the days of the week and times that you are available to volunteer.	
List other organizations for which you have volunteered. Please include organization's name, location & dates of volunteer service.	
Do you need to fulfill school-required community service?	<input type="checkbox"/> Yes How many hours? School: <input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, please provide details.	<input type="checkbox"/> Yes Provide details on separate sheet or reverse side <input type="checkbox"/> No

Return completed form to: Fresh Start Women's Foundation • Volunteer Services • Phone: 602.252.8494
 Fax: 602.257.9691 • Email: volunteer@fswf.org • 1130 E. McDowell Road • Phoenix, Arizona 85006

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How did you learn about volunteering with Fresh Start?	
Why do you want to volunteer with Fresh Start?	

Please check the opportunities you are interested in:

<input type="checkbox"/> Administrative & Center Support	<input type="checkbox"/> Reception Area <input type="checkbox"/> Library <input type="checkbox"/> Data entry <input type="checkbox"/> Workshop Registration <input type="checkbox"/> Marketing / Publicity
<input type="checkbox"/> Career Coaching	<input type="checkbox"/> Career Coach <input type="checkbox"/> Mock Interviewer <input type="checkbox"/> Career Services Concierge
<input type="checkbox"/> Community Resources & Referral	<input type="checkbox"/> Community Care Volunteer <input type="checkbox"/> Support Group Facilitator/Co-Facilitator
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Attorney <input type="checkbox"/> Document Preparation (Open to paralegals and certified document preparers)
<input type="checkbox"/> Mentor	
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Aesthetician <input type="checkbox"/> Nail Technician <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Image Consultant <input type="checkbox"/> Self Esteem Room Hostess
<input type="checkbox"/> Speaker/Presenter	<input type="checkbox"/> Topic:
<input type="checkbox"/> Special Events	<input type="checkbox"/> Community Breakfast <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Fashion Gala <input type="checkbox"/> Women's Resource Center Events

Believing that Fresh Start has a real need for my services as a volunteer, I agree:

- To treat every woman who utilizes Fresh Start services with kindness and respect.
- To keep all information about the clients we serve confidential.
- To uphold the guiding principles of Fresh Start, maintain professionalism, and follow all policies and procedures outlined in the Volunteer Handbook and/or Volunteer Job Description.
- To inform Fresh Start when I will not be able to volunteer.

I understand that my services are donated to Fresh Start and are given for humanitarian reasons. I verify the information on this application is true to the best of my knowledge. I understand that I will be required to provide at least two personal references and to complete an orientation before I can volunteer with Fresh Start Women's Foundation. I further understand that additional training may be necessary.

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Volunteer's Name (Signed)

Volunteer's Name (Printed)

Date

► Parental Permission for volunteers younger than 18 years of age:

I give permission for my child to become a Fresh Start volunteer.

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Parent's Name (Signed)

Parent's Name (Printed)

Date