



Please check one of the following:

Date: \_\_\_\_\_

- ☐ Volunteer                      Number of Hours required: \_\_\_\_\_
- ☐ Intern
- ☐ Community Service
- ☐ Work Experience

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Have you lived anywhere other than Texas in the last year?

\_\_\_\_\_

If yes, where? \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: (\_\_\_\_) \_\_\_\_\_ May we contact them: Y / N

Are you currently a student? Y / N

If so, which institution: \_\_\_\_\_

Area of study/degree: \_\_\_\_\_

Please list languages you are fluent in?

Spoken: \_\_\_\_\_

Written: \_\_\_\_\_

Read: \_\_\_\_\_

*Dear Prospective  
Volunteers and Interns:*

*Thank you for your  
interest in Friendship of  
Women. We are a non-  
profit agency who has  
been assisted victims of  
domestic violence and  
sexual assault since  
1977. We truly value  
the devotion of our  
volunteers and recognize  
the sustaining effect  
they bring to our cause.*

*Due to our limited funds  
Volunteers and Interns  
are asked to pay a \$5  
fee for their background  
check. Please make  
check/money order  
payable to Friendship of  
Women Inc.*

*Please, contact us with  
any questions or  
concerns. Once again,  
thank you for your  
contribution to our  
mission in providing  
leadership and support  
toward family violence  
and sexual assault  
issues.*

*No one can help everyone...but everyone can help someone.*

**How did you learn of Friendship of Women's Volunteer Program?**

Facebook\_\_ Website\_\_ Presentation\_\_ Resource Fair\_\_ Other\_\_\_\_\_

**Why are you interested in volunteering for the Friendship of Women?**

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**What strengths would you bring to our agency?**

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**Have you personally experienced any of the following? If yes, please explain briefly.**

**(All information in this application is kept strictly confidential)**

Domestic Violence\_\_\_\_\_

Child Abuse\_\_\_\_\_

Sexual Assault / Abuse\_\_\_\_\_

Incest\_\_\_\_\_

Juvenile Court System\_\_\_\_\_

Criminal Court System\_\_\_\_\_

Alcohol and/or Drug Abuse\_\_\_\_\_

Felony Conviction\_\_\_\_\_

Arrest\_\_\_\_\_ Deferred Adjudication\_\_\_\_\_

**Information below is voluntary and for statistical purposes only. (Please circle answers)**

<b>Sex:</b>	Male	Female				
<b>Age:</b>	Under 14	14-18	19-24	25-39	40-60	60+
<b>Marital Status:</b>	Single	Married	Divorced	Widowed		
<b>Ethnicity:</b>	Caucasian	Black	Hispanic	Asian	Other:	_____

# Professional References

- Three required references. (excluding relatives or friends)
- Must be able to speak of your character, work ethic and volunteer work.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Persons to notify in case of an Emergency

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Volunteers don't necessarily have the time; they just have the heart!*

## Volunteer Experience

Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Length of time at Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Length of time at Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Length of time at Organization: \_\_\_\_\_

## Times available to Volunteer

(Please provide a tentative schedule of hours that you are able to volunteer)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Check off Areas of Interest:** ☐ Clerical/Office Support ☐ Event Planning ☐ Tutoring  
☐ Children's Activities ☐ Facilitator Assistant ☐ Outreach Education ☐ OPI Office  
☐ Shelter Volunteer ☐ Sharing Closets (Donations) ☐ Other \_\_\_\_\_

# Statement of Agreement

I am interested in serving as a volunteer. I am prepared to receive training and to devote the agreed-upon time to the purpose for **at least three months**. I understand that Friendship of Women, Inc. will not be held liable for any incidents that may occur during my work as a volunteer.

As a volunteer applicant, I understand Friendship of Women, Inc. requires a Criminal Background Check and may attempt to contact my listed references.

\_\_\_\_\_  
(Initial) I agree to all the terms listed in this volunteer application and give my consent to Friendship of Women to run the required background check.

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Applicant's Signature

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Date