



WOMEN'S HELP CENTER
Help. Hope. Healing.

Volunteer/Intern Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering/interning with us. Please attach a resume (if you have one) with your work and education history.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

DOB: _____ Driver's License: _____ State: _____

Why are you interested in volunteering/interning with WHC? Include if this is for a school internship, court ordered or school community service, etc. _____

If this is for a school internship, please provide the name of the school and advisor name and contact information:

What do you hope to gain from your experience at WHC?

What previous experience, if any, have you had with WHC? _____

How many hours per week do you want to volunteer/intern and for what period of time (days, weeks, months, years)? _____

Please specify the times that you will be available to volunteer/intern:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours						

What skills, training, or knowledge do you have that will assist in volunteering/interning? _____

Please check the kind of volunteer/intern work you would be willing to do to benefit WHC:

- Abstinence Education Presenter
- After School Enrichment Assistant
- Basic Computing Instructor
- Career Development Advisor
- Childbirth Class Instructor
- Child Loss Recovery Leader
- Client Follow-up Counselor
- Communications Coordinator
- Crisis Intervention Counselor
- Data Entry Clerk
- GED Instructor
- GED Instructor Assistant
- GED Tutor
- Life Skills Trainer
- Material Support Coordinator
- Medical Staff Volunteer
- Network Administrator
- Database Administrator
- Office Maintenance & Groundskeeper
- Professional Support Volunteer
- Special Events Assistant
- Other: _____

Have you ever been convicted of a crime? If yes, please explain. _____

Please provide 3 references from individuals that are not related to you:

Name	Relationship	Daytime Phone	Email Address
1. _____			
2. _____			
3. _____			

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with the WHC that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by the WHC. I understand that a background check through the East Baton Rouge Sheriff's Office will be run before I begin my volunteer/intern service with the WHC. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with the WHC or my termination as a volunteer/intern.

Signature _____ Date _____

Parental Permission (If under 18 years of age)

This section is required for any person under the age of 18 in order to be considered as a volunteer/intern with the WHC.

I, _____, agree to that my child _____

PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR

May participate in the WHC Volunteer/Intern Program, I have read and understood all the volunteer/intern information provided. I will be responsible for the transportation of my teen to and from volunteer/intern jobs and events.

Signature _____ Date _____