



# Women at the Well Grace House

PO Box 7861, Salem OR 97303

(503) 409-6169 [www.womenatthewellgracehouse.com](http://www.womenatthewellgracehouse.com)

## Volunteer Application

Position Applying for: \_\_\_\_\_

AVAILABILITY: Day Available?  Mon  Tue  Wed  Thur  Fri  Sat  Sun

Time of the Day Available:  Morning  Afternoon  Evening

### PERSONAL INFORMATION:

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

Address: \_\_\_\_\_  
(Street) (City/State/ZIP)

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

### EMPLOYMENT/VOLUNTEER HISTORY: (Recent work and/or volunteer experience(s):

Employer/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**TRAINING AND SKILLS:**

High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other professional training: \_\_\_\_\_

Special interest/hobbies: \_\_\_\_\_

Skills: \_\_\_\_\_

**REFERENCES:** (List two persons not related to you)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**BACKGROUND INFORMATION:** (A background check will be conducted for all potential volunteers. A conviction record will not necessarily be cause for disqualification from volunteering)

Have you ever been convicted of a crime (other than traffic violations)?  YES  NO

If yes, please describe conviction(s) and give date(s) and locations: \_\_\_\_\_

Is there any other information you would like to share with us: \_\_\_\_\_

**THANK YOU** for completing and returning this application. All of the information on this form is considered confidential. Please read and sign the following statement before returning the application.

I certify that all information provided on this application is true and complete. I give permission to "Women at the Well" Grace House to contact my listed references and the organizations listed in my experience section. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.

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

(After completion, please mail your application to the address above)