



174 School Road
P.O. Box 773
Sunny Side, GA 30284
770-227-3700 (o)
678-888-3842 (f)

Volunteer/Mentor Application

First name: _____ MI _____

Last name: _____

Address: _____ City: _____

State: _____ Zip code _____

Daytime phone # _____ Mobile phone # _____

Birthdate- Month _____ Day _____

What times are you available to volunteer? _____

How many hours a week are you able to commit? _____

Have you ever been convicted of a felony as an adult? _____

If yes, please provide date(s), location(s), and description(s) of offense(s): _____

***Have you ever been the victim of childhood/adult trauma sexually or emotionally?**

If yes, please explain how you've worked to resolve this trauma (i.e. counseling):

***Have you ever had alcohol/drug addiction? _____**

If yes, please explain how you've worked to overcome this addiction:

***It is important that our volunteers be emotionally healthy to be able to invest in our ladies. It is imperative that a volunteer not over identify with the issues of our residents. The volunteer/mentor program is for the building up of our ladies to prepare them for a new life in Christ.**

Why do you want to volunteer? _____

What church do you attend? _____

In what way are you currently serving in your church? _____

Share with us how you came to know Christ? _____

Please tell us about yourself

What motivates you to volunteer and what do you hope to gain from this experience?

Have you had any experience working with women in crisis? Are there any areas in which you would not feel comfortable working?

All volunteers must attend Volunteer Training, which is given every quarter, before being able to volunteer at the CWC.

References

Please provide two people who can speak to your merit as a prospective volunteer. They can be supervisors, former employers, mentors, pastors, etc.

1) Name _____
Relationship _____
Phone # _____

2) Name _____
Relationship _____
Phone # _____

Volunteer Reference

Volunteer Applicant: _____

The Christian's Women's Center would appreciate your assistance in providing us with a written reference for the above mentioned individual. We thank you in advance for your time and cooperation.

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. What do you consider to be the applicant's character strengths, and how have they been demonstrated?

4. Would you recommend the applicant to volunteer at the CWC?

5. Please evaluate the volunteer in the following areas using a scale of 1-5, with 1 being the least and 5 being the best.
 - a) Dependability _____
 - b) Gossip _____
 - c) Ability to work as a team _____
 - d) Communication effectiveness _____
 - e) Honesty _____
 - f) Enthusiasm _____
 - g) Busybody _____

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause to remove the applicant from consideration.

Signature _____ Date _____

- **Please return this form within 10 days, in a sealed envelope, to the Christian Women's Center or mail to PO Box 773, Sunny Side, GA 30284.**

Volunteer Reference

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CHRISTIAN WOMEN'S CENTER

VOLUNTEER APPLICATION

Please Read and Sign

- I understand, that as a volunteer of the Christian Women's Center, I will not receive pay for my services.
- I authorize the Christian Women's Center to investigate all statements contained in this application as well as my character and qualifications. I release the Christian Women's Center from all liability for acts performed in good faith and without malice in connection with the investigation of my background and evaluation of my application.
- I authorize my past and present employers, and others with information regarding my work, volunteering or my character, to provide the Christian Women's Center with all information requested and to cooperate fully with the inquiry of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.
- I understand that I may be asked to report my hours and that telephoning, writing letters and travel to and from events all qualify as volunteer service hours.
- I agree to dress appropriately for the area in which I am volunteering and adhere to all safety regulations and will comply with work rules and regulations established by the Christian Women's Center. I also understand that I may not use Christian Women's Center property or my volunteer status with the Christian Women's Center to further my own interests.
- I understand that it is my duty to protect and conserve the Christian Women's Center property and resources and to obey all rules and regulations regarding use thereof. I understand that I cannot use, or allow the use of Christian Women's Center property, for personal purposes.
- I understand that my commitment to the Christian Women's Center includes a commitment to confidentiality. Names, diagnoses and other client information must not be shared. This commitment to confidentiality extends to all communication taking place, not only inside the Christian Women's Center, but outside the Christian Women's Center as well.

Any violation of the terms of this agreement could result in termination of your volunteer status.

By signing below, I certify that the answers and information set out above are accurate and complete.

_____ Date _____
Volunteer Signature

_____ Date _____
Staff Signature

Attended Volunteer training on: _____