Alpha Women's Center of Lowell - Volunteer Application

Name:	Phone:		
Address:	City:	Zip:	
Email:	Birthdate:	☐ Single ☐ Married	
Emergency Contact Information:	Phon	e:	
Referral Source: Church Friend/Rel	lative ☐ Current Volunteer or ☐ Other		
What interests you in being a voluntee	r?		
List three of your strengths that would	assist in being a volunteer for Alpha Won		
Experience:			
		Date Ended:	
	e:		
	e:		
	2:		
Previous/Current Volunteer Experience	2:		
References:			
Please provide three references (not fa	amily) who have known you for three or n	nore years.	
Name:	Relations	hip:	
Address:	City:	Zip:	
Email Address:	Phone:		
Name:	Relationship:		
Address:	City:	Zip:	
Email Address:	Phone:		
Name:	Relationship:		
Address:	City:	Zip:	
Email Address:	Phon	Phone:	

Office Use Only: Interview Date: _____ Given By: _____ Approved: _____

olunteer Availability:			
osition Interested In N	1entor □ Office Assistant □	Organize Donations Skills/Tr	ade Event Liaison
Please fill in the times you a	re available to volunteer:		
Monday (8-5pm)	Tuesday (10-8pm)	Wednesday (8-5pm)	Thursday (10-8pm)
	'	<u>, </u>	
piritual Inventory:			
Define what a Christian is: _			
			
low would you lead someo	ne to Christ?		
,			
Please briefly share your sal	vation experience:		
			-
			<u></u>
			

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