

Alpha Women's Center of Lowell - Volunteer Application

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Birthdate: _____ Single Married

Emergency Contact Information: _____ Phone: _____

Referral Source: Church Friend/Relative Current Volunteer or Other

What interests you in being a volunteer? _____

List three of your strengths that would assist in being a volunteer for Alpha Women's Center: _____

Experience:

Current/Previous Employment: _____ Date Ended: _____

Previous Employment: _____ Date Ended: _____

Previous Employment: _____ Date Ended: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

Previous/Current Volunteer Experience: _____

References:

Please provide three references (not family) who have known you for three or more years.

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Volunteer Availability:

Position Interested In Mentor Office Assistant Organize Donations Skills/Trade Event Liasion

Please fill in the times you are available to volunteer:

Monday (10-3 pm)	Tuesday (12-9 pm)	Wednesday (10-3 pm)	Thursday (10-6 pm)