

How did you hear about Women of Freedom Foundation?

Please provide a brief summary of why are you interested in volunteering with Women of Freedom Foundation and what you hope to gain from this experience.

Include a description of any prior volunteer experience.

What education, experience, and/or training do you have in Domestic Violence, Counseling, or Substance Abuse?

EDUCATION

Name and location of High School_____

Name and location of College_____

Course of Study_____

Did you graduate? Yes or No_____ Degree or Diploma_____

Do you have any physical, mental, emotional problems that may hinder you from performing within our organization? Yes or No? If yes, explain in detail.

How do you handle stress? Please explain.

Have you ever been convicted of, pleaded guilty to, or pleaded no contest to, a felony within the last five years? Yes or No? If yes, explain.

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks and other related crimes within the last five years? Yes or No? If yes, explain.

Areas of Interest: Check all that apply

_____ Donations Program _____ General Office
_____ Special Events _____ Helpline

**Thank you for your interest in becoming a volunteer with Women of Freedom Foundation.
Please contact us if you have questions: volunteer@womenoffreedomfoundation.org**

I understand if selected for volunteer services I agree to donate my services to Women of Freedom Foundation in performing the duties assigned. I understand I will not be compensated for services and that I am not entitled to any other monetary benefits in connection with my volunteer work. I will accept my instructions from the supervisor named or his authorized representative. I will notify the supervisor or his authorized representative if I am unable to report as scheduled or if I decide to terminate this agreement. I further understand Women of Freedom Foundation may terminate this agreement, at any time.

Signature of Applicant

Date