



**WOMEN'S RESOURCE CENTER  
OF NORTHERN MICHIGAN, INC.**

**VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City Zip Code

PHONE \_\_\_\_\_  
Cell Work Home

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

.....  
How did you learn about the WRCNM? \_\_\_\_\_

Why would you like to volunteer for the WRCNM? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What special qualifications or experiences do you have that would be an asset to this organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience or education in regards to the issues of domestic abuse, sexual assault, stalking, human trafficking or violence against women? If so, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used any WRCNM services (Safe Home, counseling, group sessions)? Yes No  
If yes, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or pled no contest to, a felony or misdemeanor crime? Yes No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any felony charges pending at this time? Yes No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you and/or your family ever been involved in a Protective Services Investigation? Yes No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time do you have to volunteer? What days and times are best for you?

\_\_\_\_\_

What type of volunteer work are you most interested in doing?

- Sales Clerk – Gold Mine
- Advocate – Safe Home
- Children’s Program Assistant – Safe Home
- Maintenance/Repair Services
- Other \_\_\_\_\_

Please provide three professional references:

Name	Address/Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In case of accident or emergency, notify:

Name	Relationship	Phone Number
_____	_____	_____

I represent that the answers and information given by me in this application are true and complete without qualification. I hereby authorize the Women’s Resource Center of Northern Michigan (WRCNM) to verify the same and to investigate any of my background deemed necessary including, but not limited to, any records/case files that may be present within the WRCNM and its programs. I realize that misrepresentation of facts called for on this application will be cause for rejection of this application.

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