



Berks Women in Crisis Volunteer Application



Attn. Volunteer Coordinator
Berks Women in Crisis
645 Penn Street, 2nd Floor
Reading, PA19601

Confidential Information

Date: _____

NAME: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____

(This information is used to check our database to determine conflicts.)

HOME PH _____ WORK PH _____

CELL PHONE _____ EMAIL _____

EMPLOYED WITH: _____

OCCUPATION: _____

STUDENT AT: _____

MAJORING IN: _____

1. PLEASE LIST PAST/PRESENT VOLUNTEER EXPERIENCES:

2. HOW DID YOU LEARN OF BWIC AND WHAT INTERESTS YOU ABOUT DOMESTIC AND SEXUAL VIOLENCE AND HELPING VICTIMS?

3. WHAT PERSONAL QUALITIES DO YOU POSSESS WHICH WILL MAKE YOU AN EFFECTIVE VOLUNTEER?



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4. PLEASE CHECK THE VOLUNTEER ACTIVITIES THAT INTEREST YOU MOST:

- Working with clients at the shelter
- Helping with children's programs
- Presenting parenting programs
- Working on the Hotline (English or Spanish or both)
- Providing medical accompaniments
- Providing court accompaniments
- Presenting programs to schools
- Providing clerical assistance (receptionist/typist/data entry)
- Public speaking and representing BWIC in the community
- Helping on the fundraising committee
- Staffing information table at public health and information fairs
- Helping with special events
- Helping with mailings
- Other: please elaborate _____

5. DO YOU HAVE ANY SPECIAL SKILLS/INTERESTS THAT YOU CAN SHARE WITH BWIC AS NEEDED?

- Drawing/painting/posters/banners
- Receptionist/clerical work
- Computer data entry
- Graphics design skills
- Phone solicitations/membership drive
- Organizing fundraising events
- Teaching
- Other: please elaborate _____
- Photography
- Newsletter/article writing
- Computer programming skills
- Bulk mailings
- Picking up donations
- Events/logistics planning
- Music

6. AVAILABILITY:

Please use the grid to show your current availability to volunteer. Mark ONLY those times that you most prefer.

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							



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WHEN WOULD YOU LIKE TO START? _____

DO YOU ANTICIPATE ANY SEASONAL SCHEDULE CHANGES? (PLEASE EXPLAIN) _____

HAVE YOU COMPLETED THE BWIC 60 HOUR TRAINING (INCLUDING PRACTICUM)? _____

(this training is required for all volunteers with direct client contact)

OR have you completed similar training at another PA facility? DV only SV only Dual Service facility; for which agency or county? _____

Date completed: _____ or anticipated completion date: _____

(Please provide a copy of your certificate from another agency/county for your volunteer file)

If you are interested in direct client contact, are you available for the next 60-hour training? (fall is T/Th mornings; spring is M/W evenings). for Spring session For fall session

My work/school schedule does not allow me to attend either at this time.

PLEASE LIST THREE REFERENCES (NO FAMILY MEMBERS): NAMES, ADDRESSES AND TELEPHONE NUMBERS.

A. _____

B. _____

C. _____

FOR OFFICE USE ONLY:

Date of Interview _____ Interviewer _____

Action _____

NOTES: _____
