



## National Women's History Alliance Volunteer Application

Applicant Information			
(Check One) Female <input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Teen (15 -18 in High School) <input type="checkbox"/> Adult (18+)	Date: _____	
(check all that apply) <b>I can work:</b> <input type="checkbox"/> remotely/online <input type="checkbox"/> in the Santa Rosa, CA office		(Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Website development</li> <li><input type="checkbox"/> Marketing</li> <li><input type="checkbox"/> Social Media</li> <li><input type="checkbox"/> Shipment</li> <li><input type="checkbox"/> Editing</li> <li><input type="checkbox"/> Historical Research</li> <li><input type="checkbox"/> Other (specify below): _____</li> </ul>	
Last Name: _____	First Name: _____	M.I.: _____	
Street Address: _____		Apt. / Sp. _____	
City: _____		State: _____	ZIP: _____
Home Phone: _____	Cell Phone: _____	Preferred way to be contacted: Home <input type="checkbox"/> Cell <input type="checkbox"/> E-mail <input type="checkbox"/>	
E-mail Address: _____		High School _____	
(Teen Only) : Expected Graduation Year : _____			

Please complete the questions below.			
Are you willing and able to commit to a minimum of 20 hours of service to NWHHA this year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain: _____
Are you willing and able to commit to a regularly shift each week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state availability. _____
Do you have any limitations that would affect your ability to perform as a volunteer with or without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____
Have you ever volunteered for NWHHA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____
Have you ever been employed by NWHHA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, dates of employment - From: _____ To: _____
			Reason no longer Employed: _____
Are you currently participating in a work experience program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list here: _____
Do you need to fulfill hours for court ordered community service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Office Use Only:		
Interview Date: _____	Interview Time: _____	Orientation Date: _____

**Please share why you would like to volunteer at National Women's History Alliance.**


**Please share your work or life experience and how it will help you succeed as a volunteer at NWA.**


**Special skills (please indicate any special skills or training you may have)**


What languages do you speak fluently?

English  Spanish  Other:

**Volunteer experience**

Name of organization:

Duties:

--

What did you like about it:

What did you dislike about it:

**How did you hear about the Volunteer program?**


Emergency Information (please list parent or guardian for teen volunteer)		
Name:		Relationship:
Home Phone	Cell Phone:	Work Phone:
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Doctor's Name:		Phone:

Please list names of friends and/or relatives employed or volunteering at National Women's History Alliance.	
Name:	Relationship:
Department:	
Name:	Relationship:
Department:	

**Parents or Guardians:**

*It is highly recommended that your teen is responsible for all correspondence regarding the Teen Volunteer Program; starting with the application process and continuing throughout their service.*

*The program strives to prepare your child for his/her first job. We feel that the more responsibility that volunteers have in the successful execution of completing their service, the better prepared he/she will be to apply for jobs and enter the work force. When at all possible, please ask your teen to communicate, e-mail, organize and initiate!*

*Your cooperation is greatly appreciated.*

Disclaimer and Signature Required	
<b>Adult Applicant:</b>	
I hereby affirm that the provided information on this application is true and complete to the best of my knowledge, and agree to have any on the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my position being rescinded, even if discovered at a later date.	
Adult Signature:	Date:
<b>Teen Applicant:</b>	
I hereby give my consent for my son/daughter to participate in the Teen Volunteer Program of National Women's History Alliance. I understand that my child must regularly attend scheduled shifts to remain in the program. I will assume full responsibility for the required transportation to and from NWHHA office (if applicable), and I agree to support the requirements of the volunteer program.	
<b>BOTH SIGNATURES ARE REQUIRED</b>	
Teen Signature:	Date:
Parent or Guardian Signature:	Date: