COMMUNITY ADVOCATES
Where Meeting Basic Needs Inspires Hope

MILWAUKEE WOMEN'S CENTER
A Division of Community Advocates
Where Abuse Ends and Hope Begins

Volunteer Application

Community Advocates and the Milwaukee Women's Center

Building a Stronger Community Together

Name: (Please print clearly) _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

What is the best time to contact you? _____

Date of orientation attended: _____

***Date of Birth:** _____ ***Race:** _____ ***Sex:** _____

Social Security Number: _____

**Because volunteers are often working with women and/or children in crisis, we need this information to perform background checks in order to protect our clients.*

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____

Current Employer/Company Name: _____

Supervisor: _____ *Phone Number:* _____

Your Position: _____ *Start Date:* _____

Please describe the responsibilities of your position: _____

_____

What is your highest level of education? _____

Please list two personal references (not relatives):

Name: _____ *Relationship:* _____

Phone Number: _____ *Email Address:* _____

Name: _____ *Relationship:* _____

Phone Number: _____ *Email Address:* _____

Administrative Office: 728 N. James Lovell Street – Milwaukee, WI 53233
Direct Line to Volunteer and Community Outreach Manager: 262-853-0350

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How did you first learn of Community Advocates/the Milwaukee Women's Center's volunteer program? _____

_____

Are you currently a client* of Community Advocates or the Milwaukee Women's Center? *Check one.*

Yes: _____ No: _____

**Clients of the agency may elect to become a volunteer only after one year has passed since completion of treatment. The only exception is that a client currently in treatment many volunteer for Special Events not held on Community Advocates/Milwaukee Women's Center property. However, placement will be at the discretion of the client's case workers and the manager of Volunteer Services.*

Have you ever been a client of Community Advocates or the Milwaukee Women's Center? *Check one.*

Yes: _____ No: _____

If yes – date of discharge/last visit: _____ Case Worker's Name: _____

Availability: *Check all that apply.*

Regular Assignments (weekly/monthly): _____ Special Events: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Events
Morning								
Afternoon								
Evening								

Are you currently in school? *Check one. Yes: _____ No: _____*

If yes, where? _____

What is your major? _____

Is your volunteer work related to a Service Learning Program or Community Service program?

Yes: _____ No: _____ If yes, how many hours are needed? _____

Are you planning to continue your volunteer experience after your requirement is fulfilled? Check one.

Yes: _____ No: _____

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What do you hope to gain from your volunteer experience? _____

_____

_____

_____

Do you have any concerns or apprehension about volunteering at Community Advocates or the Milwaukee Women's Center? If yes, please describe: _____

_____

_____

_____

Have you been directly or indirectly exposed to the issues of family violence, substance misuse, homelessness, or poverty? If yes, please describe: _____

_____

_____

_____

Have you ever been convicted of a crime, law violation, or ordinance violation? *Check one.*

Yes: _____ *No:* _____

If yes, please explain: _____

_____

_____

_____

Are there any charges pending against you at this time? *Check one.*

Yes: _____ *No:* _____

If yes, please explain: _____

_____

_____

_____

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Confidentiality Policy and Records Release Agreement

I, _____, give permission to Community Advocates and the Milwaukee Women's Center to conduct a background and character investigation on me. This will include a routine check of police records, involvement with the Wisconsin Circuit Court, Milwaukee County Department or Social Services, Wisconsin Department of Justice, and two character references. I understand that all information about myself will be kept in the strictest confidence and only released by my permission. I also understand that falsification of any information could endanger Community Advocates/Milwaukee Women's Center clients and could disqualify my involvement of volunteer work at Community Advocates/Milwaukee Women's Center.

I authorize the release of information from the State of Wisconsin regarding police records. I also authorize the release of information regarding any involvement with the Department of Social Services of Milwaukee County Protective Services Division.

My affiliation with Community Advocates and the Milwaukee Women's Center places my in a position of responsibility to protect the confidentiality of the clients, officers, volunteers, and personnel affiliated with the organization.

Violation of this confidentiality requirement, in any manner, will be grounds for immediate termination. If accepted as a volunteer, I agree to read and abide by the riles and regulations as stated in the New Volunteer Orientation Manual, which will be given to me when I attend the Orientation Meeting.

I realize that as a volunteer, I am part of a group dedicated individuals who are the extension of Community Advocates and the Milwaukee Women's Center staff. My consistent input, support, and prompt attendance at meetings and/or shifts is understood to be required as a volunteer.

Volunteer Signature: _____ *Date:* _____

Your commitment to Community Advocates and the Milwaukee Women's Center is deeply valued, appreciated, and vital to our existence.